



# Electronic Patient Clinical Record

## Configuration User Guide

Version 1.0 - January 2015



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## 1. Introduction

- 1.1 In line with a government initiative to develop a paper free NHS, the Trust, has been working on the development of an electronic Patient Clinical Record (ePCR) system fit for a modern 21st century ambulance service. The ePCR has been created in partnership with Ortivus who is a leading supplier of mobile solutions for modern emergency medical care. The solution aims to eradicate paper based data collection, enhance the clinical decision making process and support the provision of the Right Care in the Right Place at the Right Time.
- 1.2 The system in essence did not exist prior to contract signature and has therefore been designed from the ground up by the small but very dedicated project team in SWASFT. Using a structured model of examination and assessment the software is configured so as to take the clinician through a structured process, capturing any and all clinical interventions and where possible and appropriate incorporating validated assessment tools to enhance the clinical decision making process. This in turn allows the clinician to use the device to support their clinical assessment and ensure that patients are conveyed or signposted to the most appropriate service.
- 1.3 The product offers full N3 connectivity at a Clinical Workstation, connecting the individual end user device via the 3G network. This allows the acute trust and other clinical partners to view the appropriate record and provide early indication of potential patients with regards levels of acuity and likely interventions. The device also provides for full NHS Spine connectivity and will therefore support both the Summary Care Record and Enhanced Summary Care Record.
- 1.4 The solution communicates to a Vital Signs monitoring equipment also provided by Ortivus. This Mobimed system communicates via Bluetooth to the ePCR, auto populating biometric data, making the transition of such data quickly available to the acute trust via the N3 network and Clinical Workstation. This workstation is alertable and incorporates an instant messaging functionality to allow for rapid review of ECG and supportive communication between hospital and pre-hospital clinician.
- 1.5 The capture and controlled transmission of patient data is available in the form of highly configurable output forms. This can be created and auto populated from data already entered, to enable Falls Referrals, TIA Clinic Referrals, Safeguarding Referrals and other suitable clinical outputs which further enhance the patient outcome and patient experience.



- 1.6 The device also provides a platform for other uses supportive of the clinical environment. The device incorporates a web browser, enabling the clinician to view a selection of approved websites such as Toxbase, Athens and NICE. The device also holds a number of hard file documents, such as JRCALC, other national and local Clinical Guidelines, Patient Group Directions and Operational Instructions.
- 1.7 The system can and will also enable access via web links to the Directory of Services. Crews are often unaware of the options available to them to enhance the appropriateness of conveyance and this will greatly enhance the ability of SWASFT to build on its Right Care agenda, increasing the appropriateness of conveyance and decreasing the numbers inappropriately conveyed to the emergency departments.
- 1.8 Clearly the benefits the system brings relate to enhancing the patient experience, supporting the decision making process and opening up real opportunities for the transmission of data. But equally important is the data that will be captured by SWASFT in relation to its operations. Such data will enable real opportunities in terms of research in to pre hospital care, research that up to this point has been incredibly onerous and reliant on review of paper based systems.

## 2. Data Entry

- 2.1 The system is designed with a large number of data entry fields, these take the form of simple boxes to click which indicate a positive, or negative (Yes and No boxes), drop down checklists, decision support tools and free text fields.
- 2.2 Free text boxes expand as data is entered, they should be used to provide supporting information for the other forms of data entry and to provide a narrative or to provide information which does cannot easily be entered as a single button. Boxes and drop down selections assist the clinician, guide decision making where appropriate and also ensure that the information that may be required by the Trust for clinical audit, research and for external agencies such as the Police and Coroner is available.
- 2.3 Only data relevant to the patient's assessment or examination need be completed, whilst multiple data fields exist not everyone is relevant to each and every patient interaction. The system is designed to cover all patient groups, if it is not relevant to the patient in front of you, don't fill it in.
- 2.4 All data you may wish to enter has a corresponding field, get used to the system and learn where the data entry points are. As experience grows the use of the system will support greater clinical record keeping and enable you to make use of the wider functionality.





- 2.5 Various mechanisms are used to assist the clinician in the provision of **Data Entry**. Many fields are captured using simple **Yes, No** type buttons. This is supportive of the clinician and enables quick data entry; it is also hugely beneficial in terms of data analysis. Free text on paper records is notoriously difficult to analyse, but data fields with pre-defined definition can be used with great effect to appreciate trends over time and assist the trust in researching pre-hospital care to improve patient outcomes.
- 2.6 Drop Down lists are also provided to support the clinical record keeping where the answers to a question may be variable. The presence of a drop down list is indicated by the **drop down black arrow**.

- 2.7 A number of clinical decision tools are available within the configuration, these utilise Checklists and scoring systems to aid the clinicians decision making. The Wells Score for DVT (Deep Vein Thrombosis) is a nationally validated tool which assists in determining the risk of a DVT being present.

The tool is accessed via the **Change** button as below



ortivus Test Patient 12:20

Priority General Cardiovascular

Cardiovascular ECG Heart Sounds Oedema JVP DVT - Wells Score

Incident Respiratory

Primary Survey Gastro-intestinal

Vital Signs Obs & Gynae & Maternity

Status/History Nervous System

Secondary Survey Musculoskeletal

Drug Intervention Mental Health

Treatment Exclusion/Contraindication

Discharge

**DVT Wells Score**

Active cancer	Paralysis	Recently bed ridden	Localised tenderness	Entire leg swollen	Calf swelling	Pitting odema	Collateral	DVT	Alternative diagnosis
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total</b>									
<input type="checkbox"/> <b>Change</b>									

- 2.8 Once the **Change** button is clicked the **Checklist** opens. The clinician is directed to ask specific questions or undertake specific assessments. Each requires the clinician to input the result and once all have been completed to click the **Ok** button.

ortivus Test Test (123 456 7890) 09:30

Priority General Cardiovascular

**DVT Wells Score**

<b>Active cancer</b> Treatment ongoing, within six months, or palliative	<b>Paralysis</b> Paralysis, paresis or recent plaster immobilisation of the lower extremities	<b>Recently bed ridden</b> Recently bed ridden for three days or more or major surgery within twelve weeks requiring general or regional anaesthesia	<b>Localised tenderness</b> Localised tenderness along the distribution of the deep venous system
<input type="checkbox"/> 0 No	<input type="checkbox"/> 0 No	<input type="checkbox"/> 0 No	<input type="checkbox"/> 0 No
<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 1 Yes
<b>Entire leg swollen</b>	<b>Calf swelling</b> Calf swelling at least 3cm larger than asymptomatic side	<b>Pitting odema</b> Pitting odema confined to the symptomatic leg	<b>Collateral</b> Collateral superficial veins (non varicose)
<input type="checkbox"/> 0 No	<input type="checkbox"/> 0 No	<input type="checkbox"/> 0 No	<input type="checkbox"/> 0 No
<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 1 Yes
<b>DVT</b> Previously documented DVT	<b>Alternative diagnosis</b> An alternative diagnosis is at least likely as a DVT		
<input type="checkbox"/> 0 No	<input type="checkbox"/> 0 No		
<input type="checkbox"/> 1 Yes	<input type="checkbox"/> -2 Yes		

OK Cancel



- 2.9 An outcome is then provided either in terms of **the relevant risk** or with specific guidance, as below.

The screenshot shows the 'ortivus' interface for a 'Test Test (123 456 7890)' at 09:32. The 'Cardiovascular' section is active, with tabs for 'ECG', 'Heart Sounds', 'Oedema', 'JVP', and 'DVT - Wells Score'. The 'DVT Wells Score' tab is selected, showing a table of clinical signs and their scores. The total score is 8, and the result is 'DVT likely'.

Active cancer	Paralysis	Recently bed ridden	Localised tenderness	Entire leg swollen	Calf swelling	Pitting odema	Collateral	DVT	Alternative diagnosis
1	1	1	1	1		1	1	1	0
<b>Total</b>									8

Change

Result: DVT likely

- 2.10 Within some screens as in the **ECG** screen within Cardiovascular which allows the clinician to document the patients ECG, a **white finger symbol** is used to highlight the availability of, and open a drop down list of multi select options.

The screenshot shows the 'ortivus' interface for a 'Test Patient' at 12:18. The 'Cardiovascular' section is active, with tabs for 'ECG', 'Heart Sounds', 'Oedema', 'JVP', and 'DVT - Wells Score'. The 'ECG' tab is selected, showing fields for 'ECG Date & Time', 'Cardiac Rhythm', and 'Other'. A dropdown menu is open, showing 'ECG Date & Time' and 'Cardiac Rhythm' with a 'white finger symbol' (a hand icon) next to the 'Cardiac Rhythm' field. A red arrow points to this symbol.

ECG

ECG Date & Time

Cardiac Rhythm

Other

Does Patient have implantable cardiac defibrillator? Yes No

OK Cancel

- 2.11 Some patient assessments may be required to be undertaken on more than one occasion, the patients vital signs for example may be entered on numerous occasions during the patient contact to capture trends, or show improvement or deterioration. Multiple assessments fields are available via the **New** button which open up the data entry points for each new set of data.




To enter an additional data set, the clinician simply clicks on New to open up a new assessment field.

Additionally once this data has been entered it can be changed, or deleted as required using the **Change** and **Delete** buttons as below.

- 2.12 The clinician clicks on the set of observations or data set requiring change/deletion the set of data, in this case observations will be outlined in purple. The clinician can then click on **Change** or **Delete** as appropriate. If change is selected the set of observations will appear for adjustment as required.

		08:52	08:53
Resp Rate		20	18
Pulse		70	73
BP Standing or Sitting or Laying		Standing	Sitting
Systolic BP		120	122
Diastolic BP		80	85
BP Left or Right?		Left	Left
SpO2 (on air)		98	98
SpO2 (on oxygen)		98	100
EtCO <sub>2</sub>		6.0	6.0
Blood Glucose		5.0	5.6
Temperature		37.0	37.1
Method of Capture		Tympanic	Tympanic
PEFR (60-800l/pm)		90	
PEFR (Patient's Norm) (60-800l/pm)		90	
PEFR Unable/Refused			
Vital Signs Free Text and Exclusion			

- 2.13 Time Fields are identified  by the clock symbol. If the clinician clicks on any blank the current time and or date will be automatically inputted. Should the clinician be retrospectively entering data, they can enter the correct time of assessment by clicking on the clock symbol and adjusting the subsequent date and time can then be adjusted upwards or downwards as appropriate, by using the **+** or **-** buttons.



ortivus Test Test (123 456 7890) 08:55

Incident Times

Time of Call for Performance Dispatch Time Time Crew Mobile At Scene Time at Patient Side

Left Scene At Hospital Clear from Incident Time

Time of Call for Performance

Date Day Month Year Time Hour Minute

05 01 2015 08 54

OK Cancel

- 2.14 Whilst as mentioned earlier, drop down boxes and structured data entry is used to assist the clinician, support decision making and enhance the quality of data capture. However, some assessments or patient information cannot be adequately captured within a structured format and require the use of **Free Text** format.

**Free text in particular can be used to evidence decision making, which supports any use of the individual clinical record for the purpose of, complaints, concerns, Serious Incidents, trauma review, Coroners Court etc.**

ortivus Test Test (123 456 7890) 08:59

Final Disposition

See & Treat See & Convey

Disposition Reason

Linked Care Episode Incident Number

Where an Urgent response has been provided following previous Emergency incident, the original Incident Number must be entered here

Free Text

Provisional Diagnosis

Provisional Diagnosis Free Text

Patient Condition on Handover/Discharge/Referral

Spontaneous respirations Spontaneous circulation

Alert Deceased

Patient discharged into self-care? Yes No

Patient discharged into care of relative/carer? Yes No

Patient self conveying? Yes No

Patient being conveyed by other Ambulance Resource? Yes No

Free Text

The patient would have benefited from conveyance to a Minor Injury Unit for the purpose of wound closure, but they have consistently refused despite advice to the contrary. The patient has capacity as per earlier capacity assessment and therefore is able to make an informed decision concerning their on going care. The implications of discharge have been fully explained and the options should they wish to self convey to MIU have been provided.





### 3. Main Menu page

- 3.1 The main menu page is opened automatically as the End User Device (EUD) is turned on. This page provides access to the central functions of the device for both the electronic Patient Clinical Record (ePCR) and Vital Signs Monitoring (VSM).
- 3.2 The **Ortivus Logo** at the top left of the screen can be used to access information relating to the device, by clicking on the **Logo** you will see details relating to the version of software, unit details, license number and current configuration software. This information may be requested by the Logistics team when reporting a fault.



- 3.3 The bottom right hand of the screen shows information relating to current battery status, connecting to **VSM**, access to on screen keyboard and current log on status. By clicking on the green battery symbol you will see a display showing current **Battery** life. The VSM monitoring device icon when present means that the ePCR is not currently paired with a VSM. In the image above no VSM icon is present, this means the ePCR is currently paired to a VSM monitoring device.
- 3.4 The **Padlock** icon shows whether the user is logged on to the system. Red denotes not logged on but in signal, orange denotes, not logged on, but out of signal so this cannot be achieved and green denotes logged on.
- 3.5 To log on the user either clicks on the padlock icon or on the login button on the main menu. A **Log in** box will appear so the user can enter their normal trust user name and password.
- 3.6 If you have difficulty logging on, it may be that your **Password** has expired, please ensure that you keep your password up to date, when accessing your



emails or using a trust computer, you will receive reminders in advance of any password change, so please ensure you change it to prevent difficulties accessing the ePCR.



- 3.7 **Open Patient**, this function enables the user to look at closed but not signed records. This will for example allow a crew to pick up a record started by an RRV that relates to a patient they are subsequently being asked to convey.



- 3.8 On clicking **Open Patient**, a list of incidents will appear which can then be selected.



ortivus

14:0

**Filter**  
From  
18/08/2014 14:59  
To  
20/08/2014 14:59  
☐ In transit  
☐ Test patients  
☐ Skip signed  
Freetext  
Region  
Somerset  
Intended Destination - Hospital  
MGPH  
Update

Showing 45 entries

Time Created	State	Patient Forename	Patient Surname	NHS No	Intended Destination - Division	Incident Number	Vehicle Call Sign	In
20/08/2014 11:43:04					Somerset	7820161	4504	M
20/08/2014 10:47:26					Somerset	7819991	4507	M
20/08/2014 10:03:17					Somerset	7820008	4504	M
20/08/2014 09:32:21					Somerset	7819958	4510	M
20/08/2014 08:54:54					Somerset		4511	M
20/08/2014 08:38:32					Somerset	7819863	4504	M
20/08/2014 07:04:38					Somerset	7819841	4507	M
20/08/2014 06:51:42					Somerset	7819832	4511	M
20/08/2014 03:35:38					Somerset	7819741	4507	M
20/08/2014 03:31:27					Somerset	7819739	4510	M
20/08/2014 01:23:03					Somerset	7819657	4511	M
19/08/2014 22:58:38					Somerset	7819521	4511	M
19/08/2014 22:24:57					Somerset	7819492	4511	M
19/08/2014 21:26:24					Somerset	7819416	4511	M

Cancel

- 3.9 **Guidelines** have been placed on the EUD to support crews in determining the most appropriate action to take to deliver care to their patient. Guidelines can be accessed direct from the main menu screen and include, trust Clinical Guidelines, National guidelines from NICE and other clinical organisations, JRCALC and other useful operational documents.

ortivus

Test Test (123 456 7890)

09:26

**1 Clinical Guidance**

- 1.1 National Guidance
- 1.2 Patient Group Directions and Medicines Protocols
- 1.3 Clinical Guidelines
- 1.4 Clinical Notices
- 1.5 Clinical Standard Operating Procedures
- 1.6 Medicine Standard Operating Procedures
- 1.7 JRCALC

**2 Operational Guidance**

- 2.1 Operational Standard Operating Procedures

**3 HART**

- CBRN Clinical Features

Back

Home

Close





- 3.10 **Guidelines** and other relevant documents have also been placed within the configuration. These Guidelines are accessible by clicking on the Guidelines button within the ePCR. Guidelines within the configuration itself are placed to be relevant to the specific subject that is being presented on the screen

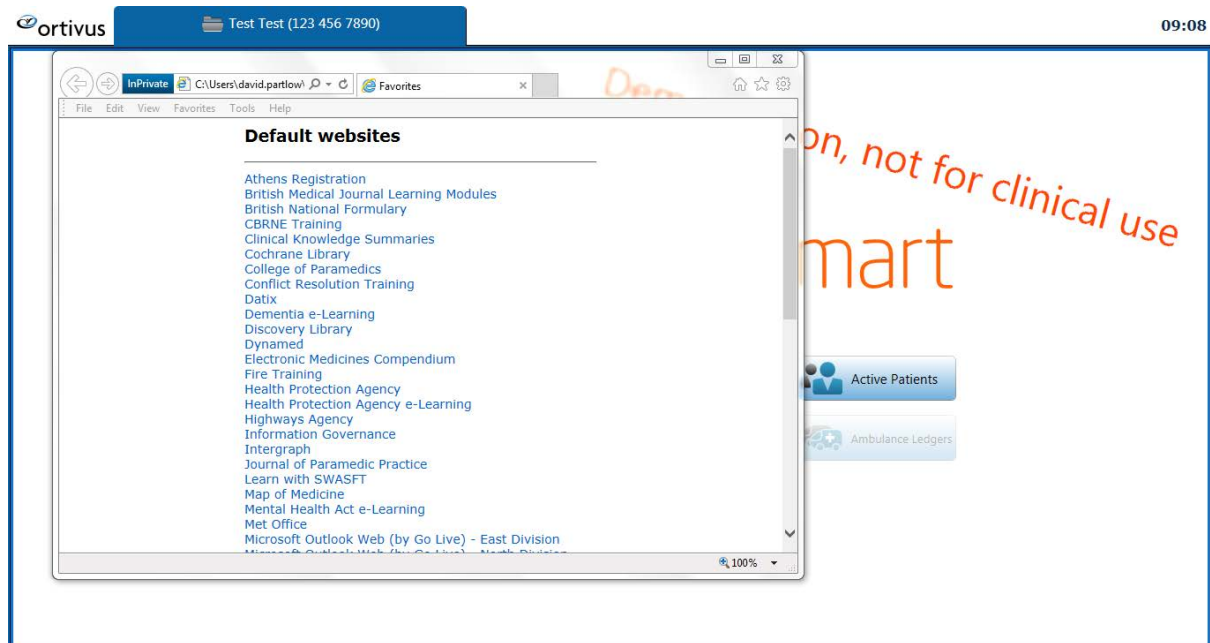
The screenshot shows the ePCR configuration interface for a Cardiovascular case. The top bar includes the 'ortivus' logo, a patient identifier 'Test Test (123 456 7890)', and a timestamp '09:23'. The left sidebar lists various clinical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main content area is titled 'Cardiovascular' and contains tabs for 'ECG', 'Heart Sounds', 'Oedema', 'JVP', and 'DVT - Wells Score'. Below these tabs, there are input fields for 'ECG Date & Time', 'Cardiac Rhythm', and 'Other'. A question 'Does Patient have implantable cardiac defibrillator in situ?' is followed by 'Yes' and 'No' buttons. On the right side, there are buttons for 'New', 'Change', '<', '>', '0/0', and 'Delete'. A red arrow points to a 'Guide' button in the top right corner of the main content area.

- 3.11 In the example above, once the **Guidelines** button has been selected, the documents as below are provided.

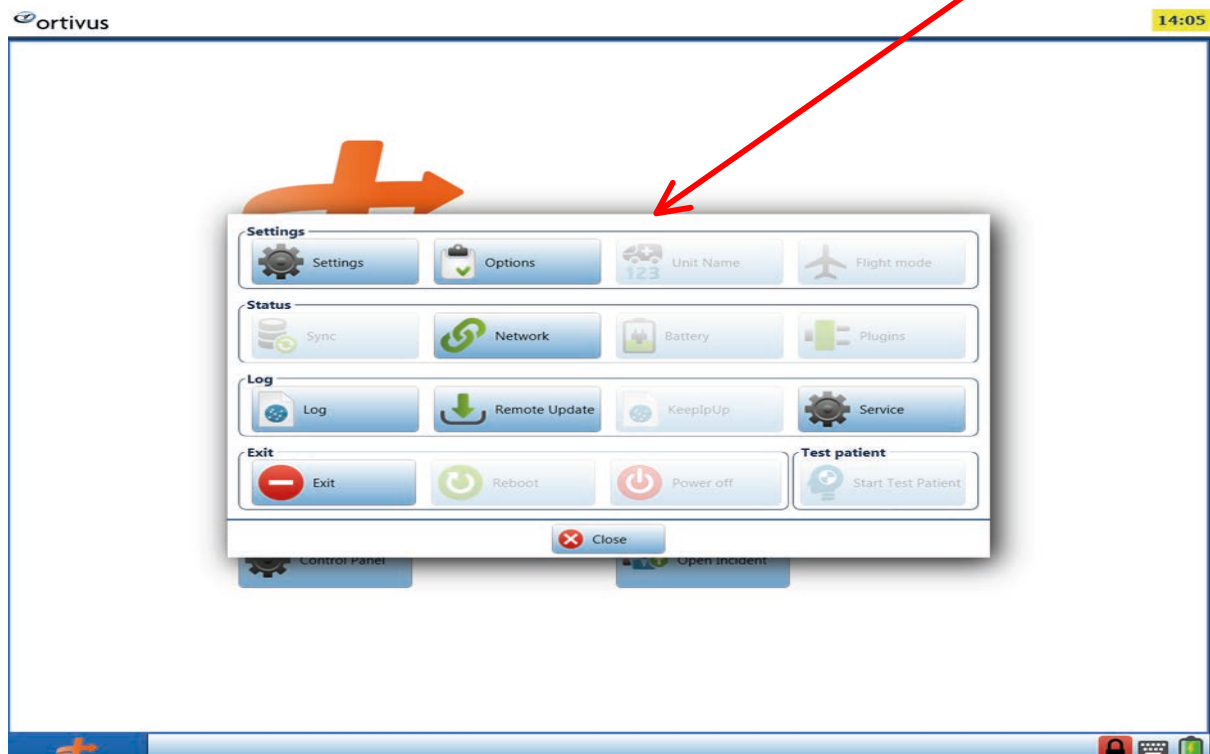
The screenshot shows the ePCR configuration interface displaying the 'JRCALC' and 'Clinical Guidelines' sections. The top bar includes the 'ortivus' logo, a patient identifier 'Test Test (123 456 7890)', and a timestamp '09:28'. The main content area is titled 'JRCALC' and contains a list of guidelines: 'Cardiac Rhythm Disturbance', 'Non Traumatic Chest Pain/Discomfort', 'Implantable Cardio Defibrillator - Adults', and 'Heart Failure - Adults'. Below this, the 'Clinical Guidelines' section is titled and contains a list of guidelines: 'CG01 Acute Coronary Syndrome & Stable Angina', 'CG06 AF & Hypertension', and 'CG32 Vascular Care'. At the bottom of the screen, there is an 'OK' button with a green checkmark.



- 3.12 **Web Browser** provides access to a limited number of external websites. This can be used to access the Trust portal and user email accounts and also clinical websites such as Toxbase and Athens.



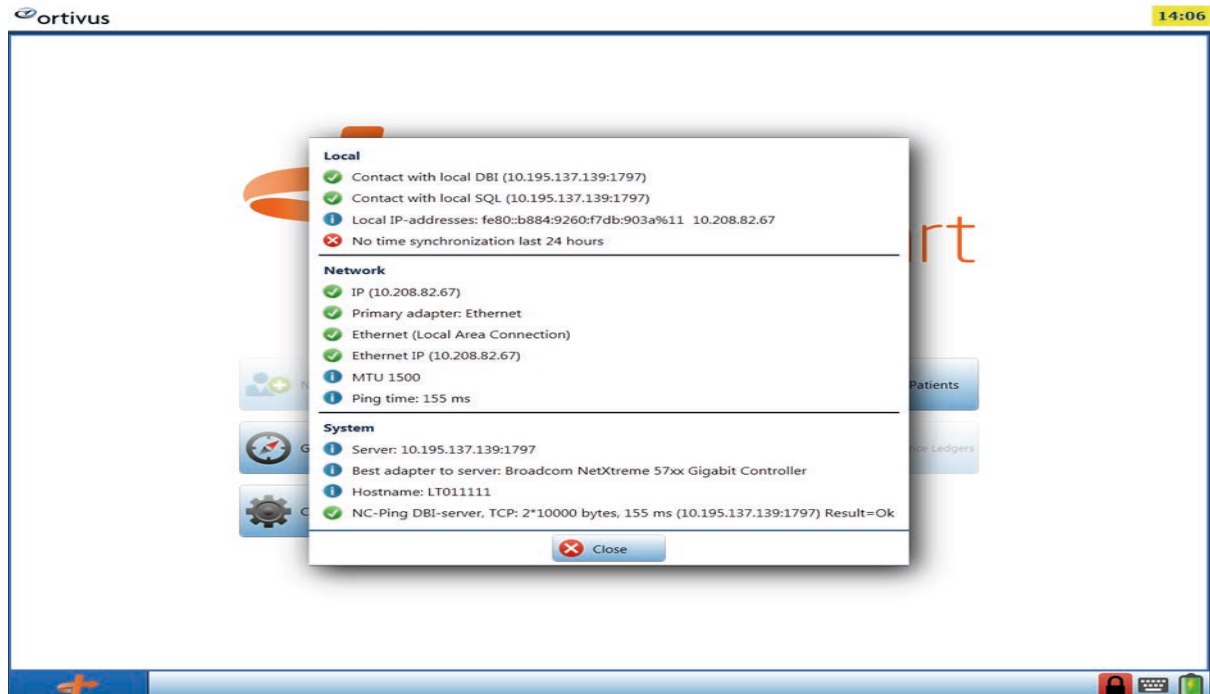
- 3.13 A number of additional features can be accessed via the **Control Panel** button on the **Main Menu** screen.




- 3.14 Information relating to network connection can be accessed by clicking on the **Network** button within the **Control Panel**. This information may be useful if connection to the server is lost and cannot be regained. The Logistics Team

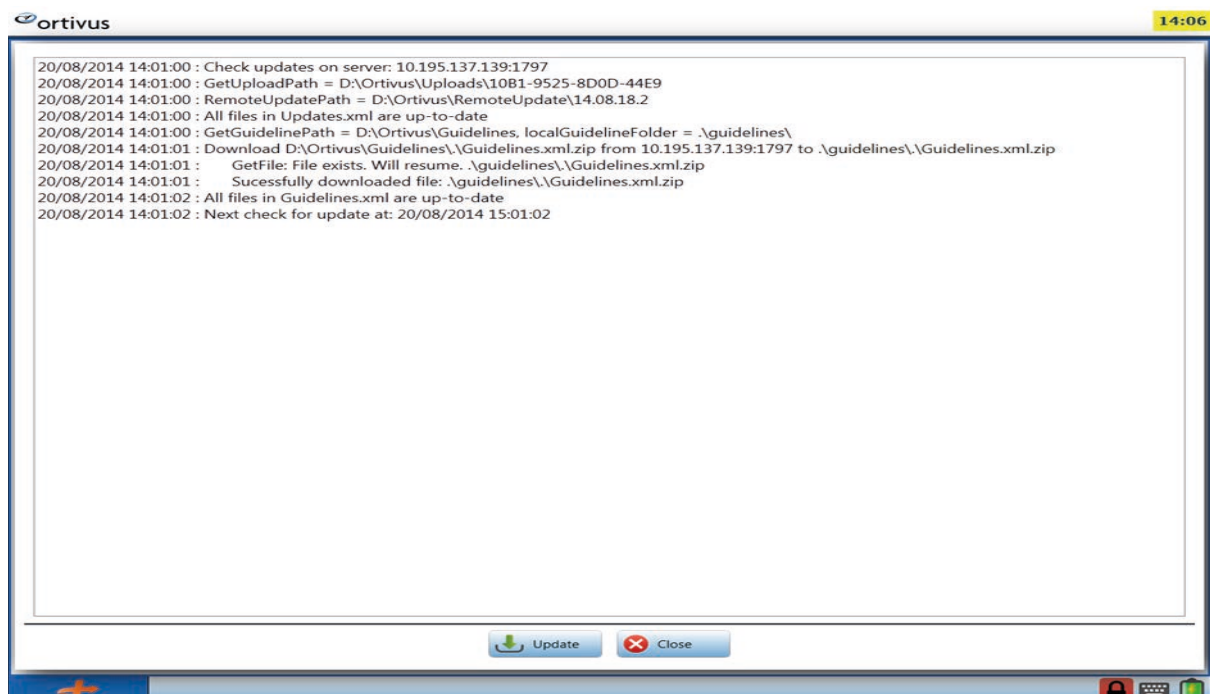


may request this information and prompt the user to ensure that they can access this information.



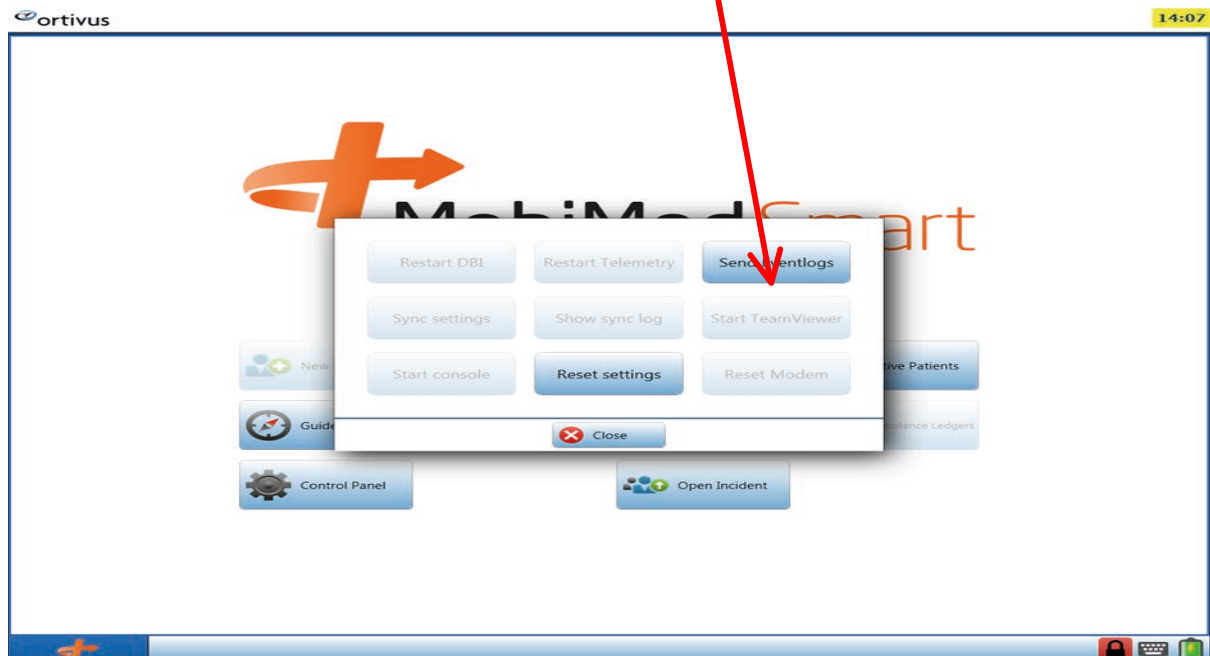
- 3.15 **Updates** will periodically be available for the EUD, this may take the form of new guidelines for example or changes to update the configuration. The Remote Update function allows the software to be updated remotely without a physical connection to the server.

- 3.16 When updates are available the green **Update** icon  will appear in the bottom right of the screen and the update can be accessed via the **Control Panel**.

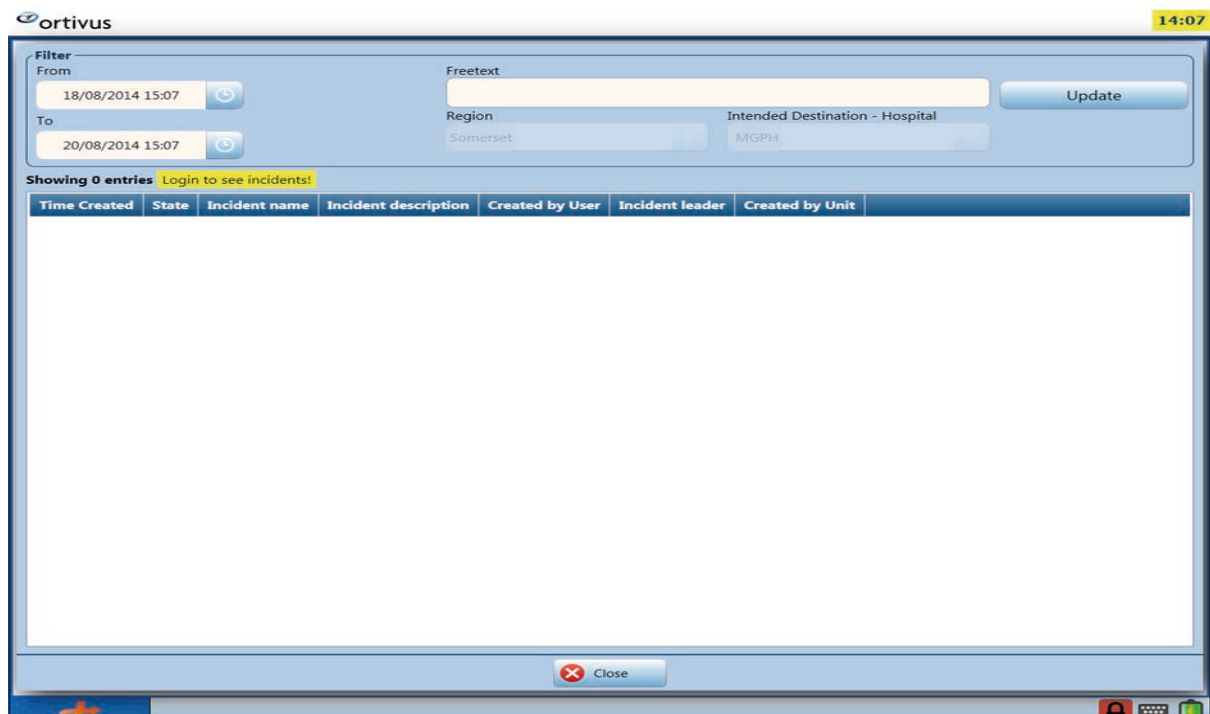




- 3.17 The **Settings** function within the **Control Panel** allows the user to access functions such as synchronisation of settings between the EUD and the Server. This screen also allows the user to **Send Eventlogs**, this captures all data over a period of time and allows Ortivus to then analyse that data. This is very important if the device fails or any operation does not work as expected. The user must click on **Send Eventlogs** as soon as possible after the identification of any fault.



- 3.18 The **New Incident** and **Open Incident** buttons on the man menu screen enable the user to create an incident with multiple casualties and to manage those patients, by creating ePCRs for these patients and to then manage the ambulance resources and allocation of patients to those resources.

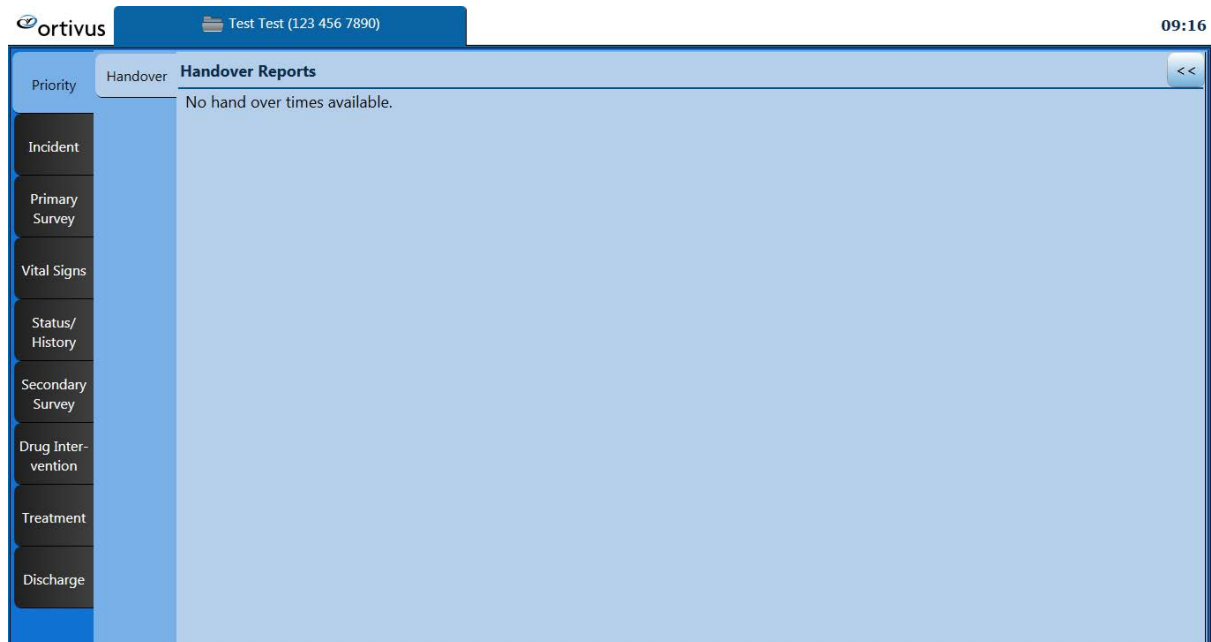




## 4. Electronic Patient Clinical Record

### 4.1 Primary Tab - Priority

4.1.1 The Priority tab does not currently provide any functionality, this is incorporated into future developments to support the clinician.





## 4.2 Primary Tab - Incident

- 4.2.1 Data captured within the **Details Screen** relate to the information provided by the caller into the 999 system. Data will be captured within the Computer Aided Dispatch system (CAD), this data will then be auto-populated within the fields shown.
- 4.2.2 Any data field that is pre-populated can be over-ridden by the clinician.
- 4.2.3 Auto population is achieved by clicking on the **Incident Number** button and selecting the appropriate incident that has been dispatched to the vehicle.
- 4.2.4 Should the clinician commence ePCR completion whilst out of signal, the clinician can continue with data entry until such time as the vehicle connects to the network. At this time the clinician can click on the **Incident Number** button and select the appropriate incident. Should any data fields that are CAD auto-populated be manually entered, they will be over-ridden by the data entered into CAD. For example if the Clinical Hub have entered the patient as "John Jones" and the clinician has subsequently found the patient to be "June Jones", this will be over-ridden by CAD push and will need to be re-entered.

The screenshot displays the 'Ortivus' ePCR interface. At the top, there's a header with the 'Test Patient' label and a clock showing '11:44'. The main interface is divided into a sidebar on the left and a central form area. The sidebar contains buttons for 'Priority', 'Incident', 'Primary Survey', 'Vital Signs', 'Status/History', 'Secondary Survey', 'Drug Intervention', 'Treatment', and 'Discharge'. The central form area is titled 'Details' and contains several input fields organized in two columns. The left column includes 'Incident Date', 'Incident Number', 'Patient Identifier', 'Incident Location', 'Incident Postcode', 'Incident Type', 'Call Type', 'Source of Call', and 'Nature of Call'. The right column includes 'Crew1 PIN', 'Crew1 Name', 'Crew2 PIN', 'Crew2 Name', 'Crew3 PIN', 'Crew3 Name', 'Vehicle Call Sign', and 'First At Scene'. Some fields are pre-populated, such as 'Vehicle Call Sign' with 'DavePTestCWS'. At the bottom, there's a navigation bar with icons for 'ePR', 'Messages', and 'Monitor'.





- 4.2.5 The **Patient Screen** enables the clinician to enter information relating to the Patient. It includes the option to add a preferred name, or a name by which the patient is known other than their primary christen name.
- 4.2.6 Additionally a **Patient Address same as Incident Address** button is available, by clicking this, the **Patient Address** fields will auto-populate with information captured in CAD relating to the **Incident Address**.
- 4.2.7 Drop down boxes are provided to support the capture of standard demographics including **Ethnicity**, **Social History**, **Religion** and **Sexual Orientation**. Additional free text fields are provided for **Social History** and **Occupational History**. Information relating to the nature of the patient's occupation may be important for hand fractures or injury relating to the ability to care for a dependant or to drive for work etc.

ortivus Test Patient 11:45

Priority Details Patient Patient NoK GP Consent Research

Incident Incident Times Patient Forename Patient Surname Personal Demographic Service

Test X Patient X Search Cancel

Preferred Name Ethnicity

Patient Address same as Incident Address Social History

Patient Address Social History Free Text

Patient Postcode Occupational History Free Text

Patient Contact Number Religion/Belief

Date of Birth Age (Years) Sexual Orientation

Gender Male Female

NHS No



- 4.2.8 Everyone registered with the NHS in England and Wales has their own unique number. This is provided in writing when initially registered with a GP practice. The **NHS Number** helps healthcare staff to find and integrate health care records. Each NHS Number is made up of 10 digits shown in a 3-3-4 format.
- 4.2.9 As efforts to standardise electronic patient data increases and system integration becomes a reality, the **NHS Number** will become ever more central to the management of patient identifiable data. It is therefore vital that this information is captured where possible and entered onto the record.
- 4.2.10 The **NHS Number** can be found on any correspondence that the patient may have from hospital or from their GP and is often included on repeat prescription documentation.
- 4.2.11 Additional functionality has also been provided within the ePCR to search the “NHS Spine”, and pull the relevant information into the ePCR. This is achieved via a **Patient Demographic Service** button which brings up the screen below. Once the information entered is validated the NHS Spine will then be searched and appropriate data collected.

Patient Forename

Test

Patient Surname

Patient

NHS No

123 456 789

Date of Birth

Gender

Patient Postcode

**Verify search parameters**

**Searching**

- If the NHS Number and Date of Birth fields are completed then no other fields are required.
- If the NHS Number field is not completed Surname, Date of Birth, Gender and Postcode are required.
- Completion of the rest of the fields will help improve search results.

**These following fields may contain a 'wildcard' which is indicated by an asterisk (\*)**  
**The first two characters must be present, with the \* following immediately afterwards.**  
**For example:**

- **First Name**
  - Valid example : Sarah
  - Wildcard example : Sa\*
- **Surname**
  - Valid example : Sten
  - Wildcard example : St\*
- **Post Code**
  - Valid example : SN25 4YA
  - Wildcard example : SN\*
  - A single space is required between the 2 sections of the postcode

OK

Cancel





4.2.12 **NoK** or Next of Kin information is entered into this page, it is important that a mobile or other contact number is entered if the next of kin is not accompanying the patient. This will enable the hospital to make contact should they require any additional information which is currently not entered or to discuss ongoing plans for the care of the patient.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The left sidebar contains a vertical menu with the following items: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main content area is titled 'Patient' and includes a 'Details' tab. Below the tab are several buttons: Patient (highlighted), NoK, GP, Consent, and Research. The 'NoK / Primary Contact' section contains the following fields and options:

- NoK / Primary Contact**: A text input field.
- NoK / Primary Contact No**: A text input field.
- NoK / Primary Contact Relationship**: A dropdown menu.
- NoK / Primary Contact Informed**: Two radio buttons labeled 'Yes' and 'No'.
- Details of School**: A text input field.

The top right corner of the interface shows the time '11:46' and a 'Guide' button with a double arrow icon.



4.2.13 Details of the patients **General Practitioner** (GP) are entered within this screen, they may be manually inputted or pulled from the NHS Spine on successful identification of the **NHS Number**.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The top bar includes the 'ortivus' logo, a 'Test Patient' tab, and a clock showing '11:47'. The main interface is divided into a left sidebar and a central content area. The sidebar contains buttons for 'Priority', 'Incident', 'Primary Survey', 'Vital Signs', 'Status/History', 'Secondary Survey', 'Drug Intervention', 'Treatment', and 'Discharge'. The central area has a 'Details' tab selected, with a sub-tab 'Patient'. Below this, there are buttons for 'Patient' (highlighted), 'NoK', 'GP', 'Consent', and 'Research'. The main content area has a 'GP Name' field, followed by 'GP Surgery Address' and 'GP Surgery Contact No' fields, all of which are currently empty. A 'Guide' button with a double arrow icon is located in the top right corner of the main content area.



- 4.2.14 Any patient assessment and subsequent treatment plan should be conducted with the **Consent** of the patient. Additionally the transfer of that information to another health provider should be undertaken with the consent of the patient. This does not however require that every patient counter sign to support the consent process.
- 4.2.15 Should a patient refuse to allow the Trust to **share** their **information**, the patient should be made aware that any subsequent care plan will be compromised. The ePCR system will inhibit the electronic transfer of data if the **No** to consent is clicked.
- 4.2.16 Should the patient not provide consent and the clinician determines that they do not have capacity to make that decision or believes that the **Best Interests** of the patient outweigh that decision, a free text box will appear on clicking **Best Interest**, the clinicians rationale must be entered here.



4.2.17 The **Mental Capacity** Act requires all clinicians to consider that all patients have the capacity to make decisions about their care until such time as the assessment of capacity determines otherwise. It is not sufficient to undertake an assessment and determine capacity without appropriately documenting the decision making process and rationale for any determination which subsequently impacts on the patients care.

4.2.18 By clicking the **New** button within the **Capacity Assessment** box, a checklist will appear to assist in the assessment of capacity. This assessment will be based on an adult capacity assessment if the **Is the Patient Over 16** box is ticked **Yes** and on paediatric competency if the **Is the Patient Over 16** box is ticked **No**.

The screenshot displays the Ortivus software interface. On the left is a vertical navigation menu with options: Priority, Details, Patient, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The 'Patient' tab is selected. The main area shows a 'Clinical pathways' section with a 'Capacity Assessment (under 16)' form. The form includes a 'Patient' dropdown with 'Patient', 'NoK', and 'G' options. Below this is a 'Consent for Assessment' section with 'Yes' and 'No' buttons. The 'Is Patient Over 16?' section has a 'Yes' button. The 'Consent to Share Information' section has a 'Yes' button. The 'Consent Signature' section has a text input field. The 'Does Patient Have Capacity? (Patient Under 16)' section contains five questions, each with 'Yes' and 'No' buttons: 1. 'Has the Patient explicitly requested that you do not involve their parents/carers in assessment/treatment decisions?' 2. 'Have you done everything you can to persuade them to involve their parents/carers? (please enter Patient's rationale for not involving parents/carers)' 3. 'Can the Patient understand the advise/information they have been given?' 4. 'Do they have sufficient maturity to understand what is involved and what the implications are?' 5. 'Can they comprehend and retain information relating to the advise/information they have been given?' 6. 'Do they understand the consequences of having/not having the assessment/treatment?' Below these questions is a 'Comment' text area and a 'Time' field showing '19/12/2014 11:48'. At the bottom are 'OK' and 'Cancel' buttons. On the right side of the interface, there is a 'Guide' button and a 'New' button. The top right corner shows the time '11:48'.



4.2.19 The **Research** tab is used only to record patients who are known to be currently enrolled in Trust Research project or in an external health research project.

The screenshot shows the 'Ortivus' software interface for a 'Test Patient'. The 'Details' tab is active, and the 'Research' sub-tab is selected. The form contains two questions about research involvement, each with 'Yes' and 'No' buttons and a 'Free Text' input area.

**Ortivus** Test Patient 11:48

**Details Patient** Guide <<

**Patient** Patient NoK GP Consent **Research**

**Incident Times** **Incident** Is Patient involved in Research programme outside of Ambulance Service?

Yes No

Free Text

Is Patient involved in Ambulance Service Research programme?

Yes No

Free Text

**Primary Survey**

**Vital Signs**

**Status/History**

**Secondary Survey**

**Drug Intervention**

**Treatment**

**Discharge**



4.2.20 All timings related to the patient engagement are directly fed from CAD, with the exception of **Time at Patient Side**, this must be manually entered.

4.2.21 Any patient incident time auto-populated via CAD can be overridden by the clinician.

The screenshot shows the 'ortivus' software interface. At the top, there is a 'Test Patient' tab and a clock showing '11:49'. The main interface is divided into a left sidebar and a main content area. The sidebar contains buttons for 'Priority', 'Details', 'Incident', 'Primary Survey', 'Vital Signs', 'Status/History', 'Secondary Survey', 'Drug Intervention', 'Treatment', and 'Discharge'. The 'Details' section is currently selected, and within it, the 'Incident Times' sub-section is active. The 'Incident Times' section displays a table with the following columns: 'Time of Call for Performance', 'Dispatch Time', 'Time Crew Mobile', 'At Scene', and 'Time at Patient Side'. Each column has a corresponding input field with a clock icon. Below these columns, there are three more input fields: 'Left Scene', 'At Hospital', and 'Clear from Incident Time', each also with a clock icon. The main content area below the input fields is currently empty.



## 4.3 Primary Tab – Primary Survey

- 4.3.1 The **Presenting Condition Category** drop down list accessed by clicking the black triangle presents the clinician with a number of clinical categories such as cardiac or trauma. Once selected a second drop down will appear which provides a list of sub categories, for example in Cardiac there is STEMI? or within Trauma, Leg Injury or Head Injury Open.
- 4.3.2 The **Presenting Condition** box below allows the clinician to detail in free text format anything that is pertinent to the nature of the patient's complaint. This free text box expands as the clinician types to allow for the completion of extensive notes. This should however be restricted to the nature of the illness or injury and not replace or duplicate data fields elsewhere within the configuration.
- 4.3.3 **Date and Time of Onset** allows the clinician to enter the point at which the present complaint originated. For ongoing or long standing concerns, this should be the point at which that concern became severe enough to require ambulance intervention.
- 4.3.4 The **Intended Destination** fields open up drop down boxes so that the user can indicate which hospital they may be transferring the patient to. The three drop down boxes begin with **Division** then to **Hospital** and finally to the **Department** where the patient may be conveyed.
- 4.3.5 By selecting an appropriate destination the system opens up the technical link between the hospital and the server so that the receiving hospital department can access the patient identifiable information. If this drop down functionality is not used, the receiving department will not be able to view the record until such time as the ambulance arrives.

Ortivus Test Patient 11:49

Primary Survey

Presenting Condition

History of Condition

Presenting Condition Category

Examination

Major Trauma

Date & Time of Onset

Intended Destination

Division

Exclusion/Contraindication

Secondary Survey

Drug Intervention

Treatment

Discharge



- 4.3.6 The clinician can enter the narrative, or “story” behind the patients illness or injury within the **History of Condition**,. **On Arrival/History of Presenting Condition (HPC)** field.
- 4.3.7 This information is entered within free text format and as with other free text fields this will expand to allow the clinician to enter significant history. This free text should however be restricted to the history of the patients illness or injury and should not replace or duplicate data fields contained elsewhere within the configuration.

The screenshot displays the 'ortivus' software interface for a 'Test Patient'. The top navigation bar includes the 'ortivus' logo, a 'Test Patient' tab, and a clock showing '11:50'. A left-hand sidebar contains a vertical list of menu items: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main content area is titled 'History of Condition' and features a sub-header 'On Arrival/HPC'. Below this header is a large, empty yellow rectangular field intended for free-text entry. A small '<<' button is visible in the top right corner of the main content area.





- 4.3.8 The assessment of **Catastrophic Haemorrhage** and evaluation of A (Airway), B (Breathing), C (Circulation) and D (Disability) are been incorporated into a single screen.
- 4.3.9 The functionality of **Airway**, **Breathing**, **Circulatory** and **Disability** assessments incorporates a, **No Assessment is Required** functionality. For example a patient complaining of a broken finger does not require the clinician to document their airway competency and breathing status. This allows the clinician to quickly annotate that this assessment was not required and to move on to the secondary survey without complication.
- 4.3.10 Should an assessment be required, the **New** assessment button opens up the assessment page as below.
- 4.3.11 Should the clinician wish to conduct multiple assessments and wish to see previous outcomes, the **+** button opens up the previous assessments for review.

The screenshot displays the 'ortivus' software interface for a 'Test Patient'. The top navigation bar includes the 'ortivus' logo, a 'Test Patient' tab, and a clock showing '11:50'. A vertical sidebar on the left contains menu items: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main content area is titled 'Examination' and features a 'History of Condition' section with 'Catastrophic Haemorrhage' selected. Below this, there are buttons for 'Yes' and 'No', and fields for 'Location of Blood Loss' and 'Estimated Volume Lost (mls)'. The 'Primary Survey' section is expanded, showing 'Major Trauma' with a 'No Airway Assessment Required' button and a '+' icon. The 'Vital Signs' section shows 'Body Map' and 'Other Maps'. The 'Status/History' section shows 'Exclusion/Contraindication'. The 'Secondary Survey' section shows 'A - Airway', 'B - Breathing', and 'C - Circulatory' assessments, each with a 'No [Assessment] Assessment Required' button and a '+' icon. On the right side of the main content area, there are buttons for 'New', 'Change', '<', '>', '0/0', and 'Delete'.



4.3.12 Should a **New, Airway Assessment** be required, the screen below will be displayed. This enables the clinician to document the status of the airway and any interventions required to maintain that airway.

4.3.13 Most data entered within this screen is via drop down menus, however some free text is provided to capture data not felt to be relevant to any specific field.

ortivus Test Patient 11:51

**A - Airway** Guidelines

Status	Intervention - ETT
Maintenance	Intervention - ETT Number of Attempts
Free Text	Vocal Chords Viewed
Intervention	Intervention - ETT Successful
Intervention - OP	Chest Auscultated
Intervention - NP	EtCo2 Checked
Intervention - Supra-glottic	Intervention - Needle Cric
Time	Intervention - Surgical Intervention Attempted

19/12/2014 11:50

OK Cancel



4.3.14 Should a **New, Breathing Assessment** be required, the screen below will be displayed. This enables the clinician to document the assessment of the patients breathing, including the findings of auscultation and percussion.

4.3.15 Most data entered within this screen is via drop down menus, however some free text is provided to capture data not felt to be relevant to any specific field.

ortivus Test Patient 11:51

**B - Breathing** [Guidelines](#)

<b>Assessment of Breathing</b>	<b>Crackles</b>
<input type="text"/>	<input type="text"/>
<b>Inspection</b>	<b>Percussion</b>
<input type="text"/>	<input type="text"/>
<b>Auscultation</b>	<b>Hypo Resonant</b>
<input type="text"/>	<input type="text"/>
<b>Inspiratory or Expiratory</b>	<b>Hyper Resonant</b>
<input type="button" value="Inspiratory"/>	<input type="text"/>
<input type="button" value="Expiratory"/>	<b>Comment</b>
<b>Wheeze</b>	<input type="text"/>
<input type="text"/>	
<b>Rattles</b>	
<input type="text"/>	
<b>Time</b>	
<input type="text" value="19/12/2014 11:51"/>	



4.3.16 Should a **New, Circulatory Assessment** be required, the screen below will be displayed. This enables the clinician to document the findings of their assessment of any circulatory compromise.

4.3.17 Data entered within this screen is via drop down menus.

The screenshot shows the 'C - Circulatory' assessment screen in the 'ortivus' system. The interface includes a header with the 'ortivus' logo and a 'Test Patient' tab. The main area contains several input fields and buttons:

- Capillary Refill (secs):** A drop-down menu.
- Pulse Site:** A drop-down menu.
- Rate:** A numeric input field with a minus sign on the left and a plus sign on the right.
- Rhythm:** Two buttons labeled 'Regular' and 'Irregular'.
- Strength:** A drop-down menu.
- Time:** A field showing '19/12/2014 11:52' with a refresh icon on the right.
- Buttons:** 'OK' (green checkmark) and 'Cancel' (red X) buttons at the bottom.



4.3.18 Should a **New, Disability Assessment** be required, the screen below will be displayed. This enables the clinician to document the assessment of the patients conscious level, their **GCS** and a **FAST** test.

4.3.19 The GCS provides the ability to click **Normal** for any patient who has a GCS of 15 or for the clinician to click on **Change** to review the Eye, Voice and Motor scores individually. This also supports a GCS for both Adult and Child.

4.3.20 Most data entered within this screen is via drop down menus, however some free text is provided to capture data not felt to be relevant to any specific field.

ortivus Test Patient 11:54

**D - Disability**

AVPU

GCS

Eyes Verbal Motor Total

Change Normal

**FAST**

Facial Weakness

Yes No Unable

Affected Side Face

Left Right

Arm/Leg Drift

Yes No Unable

Affected Side Arm/Leg

Left Right

Speech

Yes No Unable

Unable to Complete

Yes No

Free Text

Time

19/12/2014 11:54

OK Cancel



4.3.21 The **Major Trauma** Screen provides the clinician with a drop down menu to select the Mechanism of Injury, whether this be from a RTC (Road Traffic Collision) or from a Fall.

4.3.22 This screen also requires the clinician to confirm whether an **ATMIST** pre alert has been provided to the receiving hospital and if so at what time that ATMIST occurred.

ortivus Test Patient 11:54

**Major Trauma**

Mechanism of injury

Has ATMIST been provided?

Yes No

Secondary Transfer

Yes No

Time ATMIST provided

Major Trauma Assessment

New Change < > 0/0 Delete



4.3.23 Should the clinician consider that the patient may activate the Wessex Trauma Triage Tool they should undertake the **Major Trauma Assessment**. This provides a drop down checklist which supports the clinician in undertaking the Wessex Trauma Triage Tool and supports the clinician in making a decision as to the most appropriate receiving unit for the patient.

4.3.24 This tool is a support for the clinician and does not remove the clinical responsibility nor does it determine the course of action to be followed. By clicking Yes or No as appropriate the tool will generate an output based on the Wessex Trauma Triage Tool and suggest an outcome based on that tool.

ortivus Test Patient 11:55

**Major Trauma**

**Clinical pathways**

MajorTraumaAssessment

Does the Patient Fulfill Any of the Following Criteria?

Sustained respiratory rate of under 10 or over 29?	Yes	No
Sustained systolic BP under 90 or absent radial pulses?	Yes	No
GCS motor score of 4 or less?	Yes	No
Open or flail chest?	Yes	No
Crushed, de-gloved or mangled limb?	Yes	No
Suspected pelvic fracture?	Yes	No
Suspected neck or back injury with paralysis?	Yes	No
More than one fractured proximal long bone?	Yes	No
Amputated limb?	Yes	No
Suspected open or depressed skull fracture?	Yes	No

**Comment**

**Time** 19/12/2014 11:55

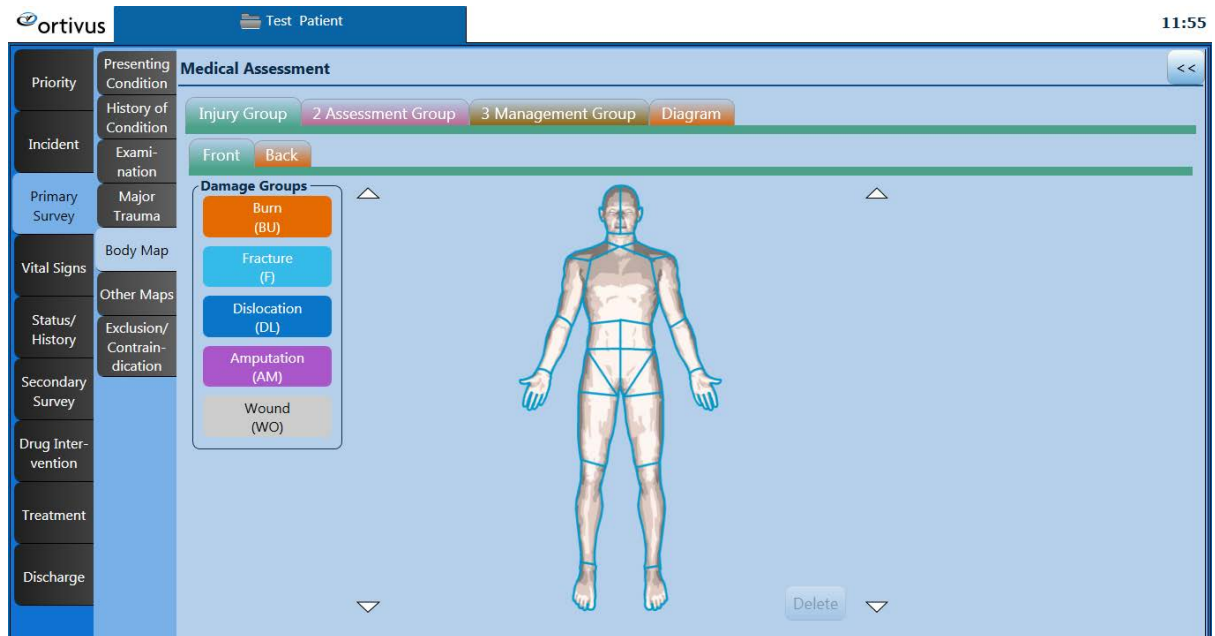
OK Cancel





4.3.25 The **Body Map** screens enable the user to annotate a body map, either from a view of the **Front** of the patient or from a view of the **Back** of the patient. This identifies the position on the body of a **Burn**, **Fracture**, **Dislocation**, **Amputation** or **Wound**.

4.3.26 The clinician clicks on the relevant button, then on the body to show location. This opens up a separate data entry field for the capture of information relating to that **Injury**.







4.3.27 The Body Map screens enable the user to annotate a body map, either from a view of the **Front** of the patient or from a view of the **Back** of the patient. This identifies the position on the body of **Pain**, **Swelling**, **Contusion** or **Numbness**.

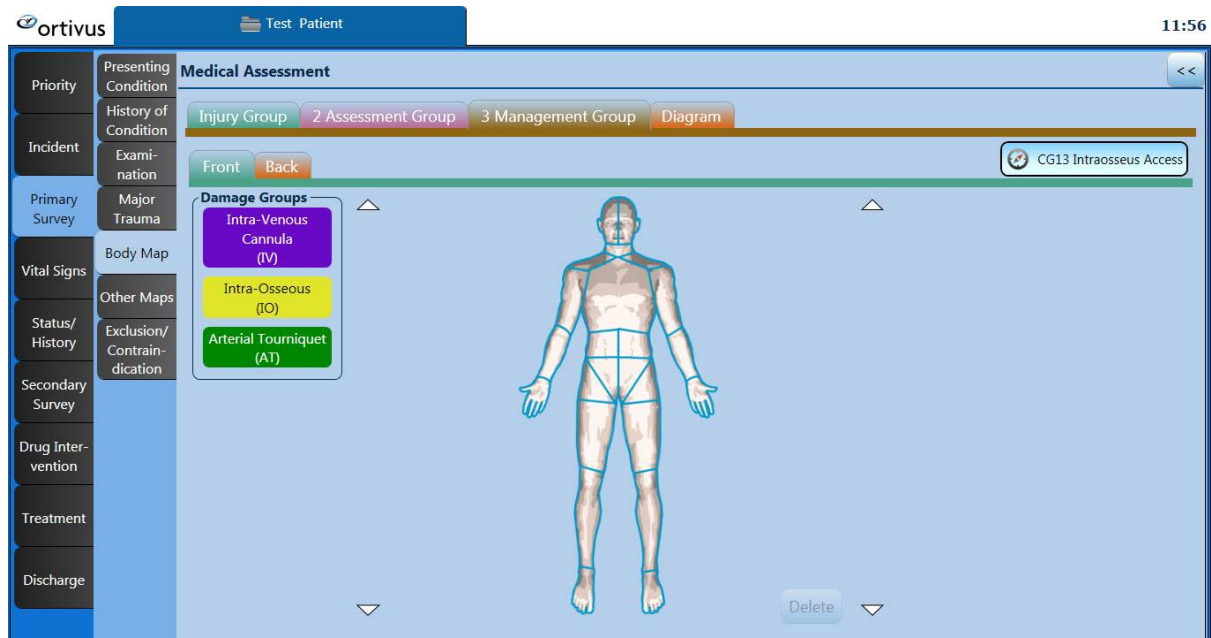
4.3.28 The clinician clicks on the relevant button, then on the body to show location. This opens up a separate data entry field for the capture of information relating to that **Assessment**.

The screenshot displays the Ortivus Medical Assessment software interface. The top bar shows the 'Test Patient' tab and the time '11:56'. The left sidebar contains a vertical menu with options: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main area is titled 'Medical Assessment' and features a 'Front' button and a 'Back' button. Below these, a 'Damage Groups' panel lists four categories: Pain (P), Swelling (S), Contusion (C), and Numbness (Nu). A central body map shows a human figure with a grid overlay. A 'Delete' button is located at the bottom right of the body map area.



4.3.28 The Body Map screens enable the user to annotate a body map, either from a view of the **Front** of the patient or from a view of the **Back** of the patient. This identifies the position on the body of an intervention relating to the placement of **Intra-Venous Cannula**, **Intra-Osseous**, or **Arterial Tourniquet**.

4.3.29 The clinician clicks on the relevant button, then on the body to show location. This opens up a separate data entry field for the capture of information relating to that **Management**.





4.3.30 In order to allow the clinician to free hand draw a diagram or pictorial representation of the wound or injury etc, a large free text drawing box is provided.

4.3.31 The clinician clicks on **Change** and then uses the stylus provided to draw onto the screen the image they require.

The screenshot displays the Ortivus Medical Assessment software interface. At the top, the 'Ortivus' logo is on the left, 'Test Patient' is in the center, and '11:57' is on the right. The main window is titled 'Medical Assessment' and features a left-hand navigation menu with buttons for 'Priority', 'Incident', 'Primary Survey', 'Vital Signs', 'Status/History', 'Secondary Survey', 'Drug Intervention', 'Treatment', and 'Discharge'. The 'Medical Assessment' section has a sub-menu with 'History of Condition', 'Examination', 'Major Trauma', 'Body Map', 'Other Maps', and 'Exclusion/Contraindication'. The 'Examination' tab is selected, showing a 'Drawing' box. Above the drawing box are four tabs: 'Injury Group', '2 Assessment Group', '3 Management Group', and 'Diagram'. A 'Change' button is located at the bottom right of the drawing box.



4.3.32 **Other Maps** provides the clinician with the opportunity to document in pictorial format the positioning of patients and damage to a series of vehicles at a Road Traffic Collision.

The screenshot displays the 'ortivus' Medical Assessment interface. The top bar shows 'Test Patient' and the time '11:57'. The left sidebar contains a list of assessment stages: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main area is titled 'Medical Assessment' and features a tabbed interface with 'Road Traffic Collision' selected. Below the tabs, there are buttons for '5 Seat Car', '7 Seat Car', '15 Seat Minibus', and 'Lorry'. The 'Damage Groups' section on the left includes 'Position of Patient (PoP)', 'Damaged Area (DA)', and 'Fatality (FA)'. The central area shows a top-down view of a car with a blue outline and a black interior. A 'Delete' button is located at the bottom right of the car view.



- 4.3.33 The **Position of Patient** and or **Fatality** can be entered on to the car by clicking on the appropriate box and then on to the position on the car.
- 4.3.34 In order to document the damage caused to the vehicle and the **Direction of Impact**, the clinician clicks on **Damaged Area** and then on to the point of impact on the vehicle, the direction through which that impact occurs can be annotated using the available arrows.

The screenshot displays the 'ortivus' Medical Assessment software interface. The main window is titled 'Test Patient' and shows a 'Medical Assessment' tab. The interface includes a sidebar with various assessment categories like Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main area is divided into sections for 'Presenting Condition', 'History of Condition', 'Examination', 'Major Trauma', 'Body Map', and 'Other Maps'. The 'Examination' section is active, showing a 'Vehicle Occupant' tab. A 'Damaged Area' dialog box is open, allowing the user to select a 'Position of Patient' (Front passenger), a 'Damaged Area' (Hood), and a 'Direction of Impact' (indicated by arrows). The dialog also includes a 'Mechanism of Injury' field and 'OK' and 'Cancel' buttons. The background shows a vehicle diagram with a 'DA' (Damaged Area) marker on the hood.



4.3.35 The functionality relating to placement of pictorial information as described previously relating to a **5 Seat Car** is also duplicated on a **7 Seat Car**, **15 Seat Minibus** and **Lorry**.

The screenshot displays the 'ortivus' Medical Assessment software interface. The top navigation bar includes 'Test Patient' and a clock showing '11:59'. The left sidebar contains a vertical menu with options: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main content area is titled 'Medical Assessment' and features a tabbed interface for incident types: Road Traffic Collision, Vehicle Occupant (selected), Motorcyclist, Cyclist, Pedestrian, and Other. Under the 'Vehicle Occupant' tab, there are sub-tabs for vehicle types: 5 Seat Car, 7 Seat Car, 15 Seat Minibus, and Lorry. The central workspace shows a top-down diagram of a vehicle with a grid representing seats. A 'Damage Groups' panel on the left lists three categories: 'Position of Patient (PoP)' (orange), 'Damaged Area (DA)' (blue), and 'Fatality (FA)' (purple). A 'Delete' button is located at the bottom right of the workspace. The bottom status bar indicates 'Free Text'.





4.3.36 The **Vehicle Occupant** tab allows the clinician to enter data relating to a patient who has been subjected to an injury whilst in a vehicle. Information relating to **Head Restraint**, **Seat Belts** and **Estimated Impact Speed** etc are all important to convey a picture to the receiving clinician. Estimated Impact Speed is the combined speed at point of impact for incidents involving two vehicles.

4.3.37 **Free text** field is provided should details such as the make and model of vehicle, condition of road, weather at time of incident etc be relevant to any ongoing care plan.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The 'Medical Assessment' section is active, with the 'Vehicle Occupant' tab selected. The form includes a sidebar with navigation options: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main assessment area contains the following fields:

Category	Field	Options
Incident	Driver	Yes, No
	Estimated Impact Speed (mph)	Text input field
Primary Survey	Head Restraint	Yes, No
	Trapped	Yes, No
Vital Signs	Seat Belt Worn	Yes, No
	Trapped Length of Time	Text input field
Status/History	Child Restraint Worn	Yes, No
	Ejected	Yes, No
Secondary Survey	Air Bag Deployed	Yes, No
	Free Text	Text input field



4.3.38 The **Motorcyclist** tab captures data relevant to road traffic collisions involving motor cycles. An additional free text field is available within the **Motorcyclist** field, which expands as text is entered. This supports the capture of additional information, such as the condition of the road, the weather at the time of incident, the use of appropriate leathers or other protective wear and the nature or mechanism of the collision etc..

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The 'Medical Assessment' section is active, with tabs for 'Road Traffic Collision', 'Vehicle Occupant', 'Motorcyclist', 'Cyclist', 'Pedestrian', and 'Other'. The 'Motorcyclist' tab is selected, showing a 'Motorcyclist' section with a text input field. Below this, there are two sets of 'Yes/No' buttons for 'Helmet Worn' and 'Helmet Removed Prior to Ambulance arrival'. The 'Estimated Impact Speed (mph)' section has a text input field. The left sidebar contains various assessment categories like 'Priority', 'Incident', 'Primary Survey', 'Vital Signs', 'Status/History', 'Secondary Survey', 'Drug Intervention', 'Treatment', and 'Discharge'.

Category	Field/Option	Value
Primary Survey	Major Trauma	
	Body Map	
Vital Signs	Helmet Worn	Yes
	Helmet Removed Prior to Ambulance arrival	Yes
Status/History	Estimated Impact Speed (mph)	
	Exclusion/Contraindication	



4.3.39 The **Cyclist** tab captures data relevant to road traffic collisions involving bicycles. An additional free text field is available within the **Cyclist** field, which expands as text is entered. This supports the capture of additional information, such as the condition of the road, the weather at the time of incident and the nature or mechanism of the collision etc.

The screenshot shows the Ortivus Medical Assessment form for a 'Test Patient'. The form is titled 'Medical Assessment' and has a navigation bar with tabs: Road Traffic Collision, Vehicle Occupant, Motorcyclist, Cyclist, Pedestrian, and Other. The 'Cyclist' tab is selected. The form is divided into sections: Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The 'Incident' section contains a 'Cyclist' field. The 'Primary Survey' section contains a 'Helmet Worn' field with 'Yes' and 'No' buttons. The 'Vital Signs' section contains an 'Estimated Impact Speed (mph)' field. The 'Status/History' section contains an 'Exclusion/Contraindication' field. The 'Secondary Survey' section contains an 'Other Maps' field. The 'Drug Intervention' section contains a 'Drug Intervention' field. The 'Treatment' section contains a 'Treatment' field. The 'Discharge' section contains a 'Discharge' field.



4.3.40 The **Pedestrian** tab captures data relevant to road traffic collisions involving pedestrians. An additional free text field is available within the **Pedestrian** field, which expands as text is entered. This supports the capture of additional information, such as the weather at the time of incident and the nature or mechanism of the collision etc.

The screenshot displays the Ortivus Medical Assessment interface. The top bar shows the Ortivus logo, a 'Test Patient' tab, and the time '12:01'. The main content area is titled 'Medical Assessment' and features a horizontal tab bar with the following options: Road Traffic Collision, Vehicle Occupant, Motorcyclist, Cyclist, Pedestrian, and Other. The 'Pedestrian' tab is currently selected. Below the tab bar, the form is divided into several sections: 'Incident' (with a sub-section 'Examination'), 'Primary Survey' (with a sub-section 'Major Trauma'), 'Vital Signs' (with a sub-section 'Body Map'), 'Status/History' (with a sub-section 'Exclusion/Contraindication'), 'Secondary Survey', 'Drug Intervention', 'Treatment', and 'Discharge'. The 'Examination' section is expanded, showing a large text input field for 'Estimated Impact Speed (mph)'. The 'Body Map' section is also expanded, showing a large blue area for mapping injuries. The 'Exclusion/Contraindication' section is also expanded, showing a large blue area for recording contraindications.



4.3.41 In order to allow the clinician to free hand draw a diagram or pictorial representation of the incident site or position of vehicles on the road etc, a large free text drawing box is provided.

4.3.42 The clinician clicks on Change and then uses the stylus provided to draw onto the screen the image they require..

ortivus Test Patient 12:02

Medical Assessment

Road Traffic Collision Vehicle Occupant Motorcyclist Cyclist Pedestrian Other

Free Text

Change



4.3.43 A **Exclusion/Contra-indication** box is provided should the clinician wish to document any deviation from local or national guidelines at this point in the patient assessment. This is a free text format and the box expands as data is entered.

The screenshot displays the Ortivus software interface for a 'Test Patient'. The top navigation bar includes the Ortivus logo, a 'Test Patient' tab, and a clock showing 12:03. A vertical sidebar on the left contains various assessment categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The 'Primary Survey' category is selected, and within it, the 'Exclusion/Contraindication' sub-section is active. The main content area is titled 'Exclusion/Contraindication Primary Survey' and features a large, empty text box for documentation. A small '<<' button is visible in the top right corner of the main content area.





## 4.4 Primary Tab – Vital Signs

- 4.4.1 **Vital Signs** tab, allows the clinician to enter multiple patient vital signs, where connected to Mobimed Vital Signs Monitoring equipment these some fields will be auto-populated.
- 4.4.2 Additional information may be added to sets of observations or manual entry of observations when not using Mobimed Vital Signs Monitoring equipment may also be entered.
- 4.4.3 To enter a set of patient observations, the clinician clicks on the **New** tab. Should you wish to alter or change a set of observations, the clinician highlights the set of observations by clicking on them, then click **Change**. Additionally to delete a set of observations, the clinician highlights the set of observations by clicking on them, then click **Delete**.

ortivus Test Patient 12:03

Priority Vital Signs Vital Signs <<

Incident -

Primary Survey

Vital Signs

Status/History

Secondary Survey

Drug Intervention

Treatment

Discharge

Resp Rate

Pulse

BP Standing or Sitting or Laying

Systolic BP

Diastolic BP

BP Left or Right?

SpO2 (on air)

SpO2 (on oxygen)

EtCO<sub>2</sub>

Blood Glucose

Temperature

Method of Capture

PEFR (60-800l/pm)

PEFR (Patient's Norm) (60-800l/pm)

PEFR Unable/Refused

Vital Signs Free Text and Exclusion

New

Change

< >

0/0

Delete



- 4.4.4 Once a **New** set of observations is selected, the screen below will appear, many of the observations will have pre-set values, such as **Pulse** for example. If the clinician clicks on the pulse box, a value of 70 will appear, this can then be adjusted upwards or downwards as appropriate, by using the **+** or **-** buttons.
- 4.4.5 If a set of observations that would normally be required to support a clinical intervention or assessment, have not been taken, a **Vital Signs Free Text and Exclusion** field is available within the Vital Signs screen to capture the clinicians rationale.

The screenshot displays the 'Vital Signs' interface within the 'ortivus' system. The interface is organized into a sidebar on the left with navigation options: Priority, Incident, Primary Survey, Vital Signs (selected), Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main area is titled 'Vital Signs' and contains several input fields and buttons. At the top right, there is a 'Guidelines' button. The input fields are arranged in a grid-like fashion, with some having '+' and '-' buttons for adjustment. The fields include: Resp Rate, Pulse, Temperature, Blood Pressure (Systolic BP and Diastolic BP for Standing, Sitting, and Laying positions), SpO2 (on air and on oxygen), EtCO2, and Blood Glucose. There are also checkboxes for PEFR (60-800l/pm) and PEFR (Patient's Norm) (60-800l/pm), and a section for PEFR Unable/Refused with Yes/No options. A 'Vital Signs Free Text and Exclusion' field is present at the bottom. The screen includes navigation buttons like 'New', 'Change', 'Delete', and 'OK/Cancel'. The time displayed is 19/12/2014 12:04.



## 4.5 Primary Tab – Status/History

- 4.5.1 The **Status/History** of the patient tab enables the clinician to capture data that is relevant to the patients past medical history. This may include information that relates to any long term conditions and also any recent illness or injury that may be relevant to any care being considered by the clinician or those who may deliver any subsequent definitive care.
- 4.5.2 The **Allergies** tab enables the clinician to enter information relevant to medication allergies and also those relating to **Latex**. An additional drop down menu is available for allergies relating to plasters and foodstuffs. An additional free text field is available as **Other** which can be used to capture information relevant to any sensitivities that fall short of true allergy or other pertinent information of use for those who may be providing ongoing care.
- 4.5.3 In order to enter a medication allergy, the clinician first needs to click on the **white finger symbol**.

The screenshot shows the 'ortivus' patient record interface. The top bar includes the 'ortivus' logo, a 'Test Patient' tab, and the time '12:04'. On the left is a vertical navigation menu with options: Priority, Incident, Primary Survey, Vital Signs, Status/History (selected), Secondary Survey, Drug Intervention, Treatment, and Discharge. The main content area is titled 'Allergies' and contains several sections: 'Allergies' (with a '<<' button), 'Medications Allergies' (with a white finger icon highlighted by a red arrow), 'Past Medical History' (showing 'No known allergies'), 'Last Oral Intake' (with a dropdown arrow), 'Last Elimination' (showing 'Latex'), 'Infection Status', and 'Other' (with a text input field). The 'Status/History' menu item is highlighted in blue.



- 4.5.4 Once the white finger symbol is clicked the screen below is displayed. This enables the clinician to select medications that the patient is allergic to from an alphabetical list. An additional **Search** functionality is provided to support the clinician in finding the appropriate medication.
- 4.5.5 Once the medication is found, the clinician highlights the appropriate medication and clicks **Add**, this enters the medication as an allergy. Multiple selections can be made at this point. Once all medications to which the patient is allergic have been selected, the clinician clicks on **Ok**.

The screenshot shows the 'Medications Allergies' window in the ortivus system. The window has a blue header with the 'ortivus' logo on the left, a 'Test Patient' tab in the center, and the time '12:05' on the right. The main area is divided into two panes. The left pane contains a search bar at the top and a list of medications below it. The medications listed are: Aciclovir, Acrivastine, Alendronic acid, Alfacalcidol, Alfuzosin, Allopurinol, Almotriptan, Amantidine, Amiloride, Aminophylline, and Amiodarone. The right pane is empty. At the bottom of the window, there are two buttons: 'Add' and 'Remove'. Below these buttons are two buttons: 'OK' (with a green checkmark icon) and 'Cancel' (with a red X icon).



- 4.5.6 The **Medications** tab enables the clinician to enter information relevant to medication that the patient is currently prescribed. An additional Free Text Field is available which can be used to identify any medications which may have recently been added or are short term, such as recent antibiotics etc.
- 4.5.7 The **Medications** screen also allows the clinician to identify if the patient is currently non compliant with their medications and a **Medications Comments** free text field is available to expand on any current issues in relation to the patient medications, this may include details concerning any review or any gap in medication history.
- 4.5.8 In order to enter a current medication, the clinician first needs to click on the **white finger symbol**.

The screenshot shows the Ortivus software interface for a 'Test Patient'. The 'Medications' tab is selected. The interface includes a sidebar with various clinical sections: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main content area is divided into sections for 'Allergies', 'Medications', 'Past Medical History', 'Last Oral Intake', 'Last Elimination', 'Infection Status', 'Alcohol/Drugs', 'Medication Compliance', 'Medication Comments', and 'Tetanus Cover?'. A red arrow points to a white hand icon in the top right corner of the 'Current Regular Medication' section, which is used to add a new medication.



- 4.5.9 Once the white finger symbol is clicked the screen below is displayed. This enables the clinician to select medications that the patient is currently prescribed from an alphabetical list. An additional **Search** functionality is provided to support the clinician in finding the appropriate medication.
- 4.5.10 Once the medication is found, the clinician highlights the appropriate medication and clicks **Add**, this enters the medication. Multiple selections can be made at this point. Once all medications have been selected, the clinician clicks on **Ok**.

The screenshot shows the Ortivus Medication selection interface. At the top, the Ortivus logo is on the left, a 'Test Patient' tab is in the center, and the time '12:07' is on the right. The main window is titled 'Medication'. It features a search bar at the top left. Below it is a list of medications: Aciclovir, Acrivastine, Alendronic acid, Alfacalcidol, Alfuzosin, Allopurinol, Almotriptan, Amantidine (highlighted in purple), Amiloride, Aminophylline, and Amiodarone. To the right of the list is a large empty box. At the bottom of the list are 'Add' and 'Remove' buttons. At the very bottom of the window are 'OK' and 'Cancel' buttons.





4.5.11 The **Past Medical History** tab is sub divided with a number of tertiary tabs, these identify specific medical history relevant to one clinical area. Additionally, should the patient have no Past Medical History of Note, the clinician can click on **No** as below.

4.5.12 The **Past Medical History** tab opens with the **Cardiac** screen, this enables the clinician to identify any relevant history the patient may have impacting on their cardiac function. For example if the patient has previously suffered an MI (Myocardial Infarction) the clinician can enter **Yes** and then select a Month/Year within the **Previous MI Date** to identify the approximate date of the previous MI.

The screenshot shows the Ortivus software interface for a 'Test Patient'. The 'Past Medical History' tab is selected, displaying a form with various medical history questions. The form is organized into sections with tabs for different clinical areas: Cardiac, Respiratory, Diabetes, Neurological, CA/Surgical/GI, Palliative, Familial, and Other. The 'Cardiac' tab is currently active, showing questions about Angina, Heart Failure, Previous MI, and Atrial Fibrillation. Each question has 'Yes' and 'No' buttons. The 'Previous MI' section includes a 'Previous MI Date' field with a calendar icon. The left sidebar contains navigation buttons for Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The top right corner shows the time as 12:08.

Section	Question	Yes	No
Past Medical History of Note?	Past Medical History of Note?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
	Cardiac	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Angina	Angina	<input type="button" value="Yes"/>	<input type="button" value="No"/>
	Heart Failure	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Previous MI	Previous MI	<input type="button" value="Yes"/>	<input type="button" value="No"/>
	Previous MI Date	<input type="text" value=""/>	
Atrial Fibrillation	Atrial Fibrillation	<input type="button" value="Yes"/>	<input type="button" value="No"/>



4.5.13 The **Respiratory** past medical history screen enables the clinician to confirm if the patient is asthmatic or suffers from COPD.

ortivus Test Patient 12:08

Priority	Allergies	<b>Past Medical History</b> <span>Guide &lt;&lt;</span>	
Incident	Medications	Past Medical History of Note?	
		<input type="button" value="Yes"/>	<input type="button" value="No"/>
Past Medical History		<div>Cardiac Respiratory Diabetes Neurological CA/Surgical/GI Palliative Familial Other</div>	
Primary Survey	Last Oral Intake	Asthma	
Vital Signs	Last Elimination	<input type="button" value="Yes"/>	<input type="button" value="No"/>
	Infection Status	COPD	
Status/History	Alcohol/Drugs	<input type="button" value="Yes"/>	<input type="button" value="No"/>
		COPD Other	
Secondary Survey			
Drug Intervention			
Treatment			
Discharge			



- 4.5.14 The **Diabetic** past medical history screen enables the clinician to confirm if the patient is either Type One or Type Two diabetic, it also provides a free text option should the clinician wish to enter additional information relevant to the patients diabetes.

ortivus Test Patient 12:09

Priority	Allergies	Past Medical History		Guide <<
Incident	Medications	Past Medical History of Note?		
Past Medical History		<input type="button" value="Yes"/> <input type="button" value="No"/>		
Primary Survey		Cardiac Respiratory Diabetes Neurological CA/Surgical/GI Palliative Familial Other		
Vital Signs	Last Oral Intake	Type One Diabetes		
Status/History	Last Elimination	<input type="button" value="Yes"/> <input type="button" value="No"/>		
	Infection Status	Type Two Diabetes		
	Alcohol/Drugs	<input type="button" value="Yes"/> <input type="button" value="No"/>		
Secondary Survey		Diabetes Other		
Drug Intervention				
Treatment				
Discharge				



4.5.14 The **Neurological** past medical history screen enables the clinician to confirm whether the patient has suffered a previous TIA or Stroke and if so to identify the approximate date. It also allows the clinician to enter additional information relevant to the patients hypertensive or epileptic history.

ortivus Test Patient 12:09

Priority Allergies Past Medical History Guide <<

Medications Past Medical History of Note?

Incident Yes No

Past Medical History Cardiac Respiratory Diabetes Neurological CA/Surgical/GI Palliative Familial Other

Primary Survey Last Oral Intake Previous Stroke Previous Stroke Date

Last Elimination Yes No

Vital Signs Infection Status Previous TIA Previous TIA Date

Status/History Alcohol/Drugs Hypertension Yes No

Secondary Survey Epilepsy Yes No

Drug Intervention Date of Last Seizure

Treatment Other

Discharge



4.5.15 The **CA/Surgical/GI** past medical history screen enables the clinician to confirm whether the patient has a cancer diagnosis and if so to identify the approximate date of that diagnosis. It also allows the clinician to enter additional information relevant to the patients relevant **Surgical** history or an **GI** (Gastro-intestinal) history of relevance.

12:10

Ortivus Test Patient

Priority Allergies Past Medical History Guide <<

Medications Past Medical History of Note?

Incident Yes No

Past Medical History Cardiac Respiratory Diabetes Neurological CA/Surgical/GI Palliative Familial Other

Primary Survey Last Oral Intake Location of Cancer

Vital Signs Last Elimination Date of Diagnosis

Status/History Infection Status Nature of Surgery

Alcohol/Drugs Date of Surgery

Secondary Survey GI

Drug Intervention

Treatment

Discharge



4.5.16 The **Palliative** past medical history screen enables the clinician to confirm whether the patient is being actively managed as end of life. It also allows the clinician to enter additional information in free text format relevant to any **DNAR** (Do Not Attempt Resuscitate Order), **TEP** (Treatment Escalation Plan) or **Advanced Directive**.

4.5.17 The **Palliative** past medical history screen also enables the clinician to confirm whether the patient has a **Lasting Power of Attorney**, consideration should be given to whether the patients Lasting Power of attorney has power over financial matters or in addition has power to make decisions for those relating to health matters.

Ortivus Test Patient 12:10

**Past Medical History** Guide <<

**Past Medical History of Note?**

Yes No

Cardiac Respiratory Diabetes Neurological CA/Surgical/GI **Palliative** Familial Other

**Is Patient being managed as being Palliative?**

Yes No

**DNAR/TEP/Advanced Directive**

**Does Patient have valid DNAR/TEP/Advanced Directive?**

Yes No

**Free Text**

**Power of Attorney**

**Does Patient have Lasting Power of Attorney?**

Yes No

**Free Text**





4.5.18 The **Familial** past medical history screen, has a single free text field which expands as the clinician types. This allows the clinician to enter information relating to the patients familial history. This could include details of parents cardiac history or siblings cancer diagnosis etc.

The screenshot shows the Ortivus software interface for a 'Test Patient'. The top bar includes the Ortivus logo, the patient name 'Test Patient', and the time '12:11'. A left-hand navigation menu lists various clinical sections: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The 'Status/History' section is currently active, displaying the 'Past Medical History' screen. This screen has a sub-menu on the left with options: Allergies, Medications, Past Medical History, Last Oral Intake, Last Elimination, Infection Status, and Alcohol/Drugs. The 'Past Medical History' option is selected, showing a 'Past Medical History of Note?' section with 'Yes' and 'No' buttons. Below this are tabs for different medical categories: Cardiac, Respiratory, Diabetes, Neurological, CA/Surgical/GI, Palliative, **Familial**, and Other. The 'Familial' tab is active, displaying the question 'Is there any Familial history of note?' followed by a large, empty text input field for the clinician to enter details.



4.5.19 The **Other** past medical history screen, has a single free text field which expands as the clinician types. This allows the clinician to enter information relating to any other information regarding a past medical complaint or recent illness or injury.

Ortivus Test Patient 12:11

Priority Allergies **Past Medical History** Guide <<

Medications Past Medical History of Note?

Incident Past Medical History Yes No

Primary Survey Cardiac Respiratory Diabetes Neurological CA/Surgical/GI Palliative Familial Other

Vital Signs Last Oral Intake Other Past Medical History

Status/History Last Elimination

Secondary Survey Infection Status

Drug Intervention Alcohol/Drugs

Treatment

Discharge



4.5.20 The **Last Oral Intake** past medical history screen, has a single free text field which expands as the clinician types. This allows the clinician to enter information relating to the date and time of the last solid food eaten. This may be relevant if the patient may require surgical intervention or is suffering from hypoglycaemia or syncope.

ortivus Test Patient 12:11

Priority Allergies Last Oral Intake <<

Incident Medications Last Solid Date & Time

Primary Survey Past Medical History

Vital Signs Last Oral Intake

Status/History Last Elimination

Secondary Survey Infection Status

Drug Intervention Alcohol/Drugs

Treatment

Discharge



4.5.21 The **Last Elimination** past medical history screen, has a data fields relating the patients last urination and bowel movement. This allows the clinician to enter information relating to the date and time of the last elimination and additional information such as the presence of blood and/or pain. This may be relevant if the patient has an acute abdominal pain or is suffering from urinary retention or constipation.

The screenshot displays the 'Last Elimination' screen within the 'ortivus' system. The interface is divided into a sidebar on the left and a main content area. The sidebar contains navigation buttons for 'Priority', 'Incident', 'Primary Survey', 'Vital Signs', 'Status/History', 'Secondary Survey', 'Drug Intervention', 'Treatment', and 'Discharge'. The main content area is titled 'Last Elimination' and contains two columns of data entry fields. The left column is for 'Last Urine' and the right column is for 'Last Bowel Movement'. Both columns include fields for 'Date & Time', 'Frequency (last 24 hours)', and 'Incontinent' status. Below these are fields for 'Blood' and 'Pain' associated with each elimination. The 'Urine Pain' field has a 'Yes' button, while the 'Bowel Pain' field has a 'Yes' button and a 'Free Text' area. The interface is clean and professional, with a blue and white color scheme.



4.5.22 The **Infection Status** provides a drop down list of common infectious diseases which can be used if the patient has a confirmed infection. This includes C Difficile and Norovirus. This would be essential information for any receiving hospital.

4.5.23 The clinician is also provided with a free text field which expands as the clinician types to capture any further information which may be relevant. This could include issues such as scabies etc.

The screenshot displays the Ortivus patient form interface. At the top, the 'Test Patient' tab is active, and the time is 12:13. The left sidebar contains a vertical menu with the following items: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The 'Status/History' section is expanded, showing a sub-menu with 'Allergies', 'Medications', 'Past Medical History', 'Last Oral Intake', 'Last Elimination', 'Infection Status', and 'Alcohol/Drugs'. The 'Infection Status' sub-item is selected, displaying a form with a 'Free Text' field and a dropdown menu for 'Infection Status'. The dropdown menu is currently empty, showing only a downward arrow. The main content area is a large blue rectangle.



4.5.22 The **Alcohol/Drugs screen** provides a free text field which expands as the clinician types to capture any further information which may be relevant in relation to alcohol and/or recreational drug use.

The screenshot displays the Ortivus patient record interface. At the top, the 'Test Patient' tab is active, and the time is 12:13. The left sidebar contains a list of clinical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The 'Status/History' category is expanded, showing sub-sections: Allergies, Medications, Past Medical History, Last Oral Intake, Last Elimination, Infection Status, Alcohol/Drugs, and Notes. The 'Alcohol/Drugs' sub-section is currently selected, displaying a large, empty text area for documentation. A double arrow icon is visible in the top right corner of this section.





## 4.6 Primary Tab – Secondary Survey

### 4.6.1 General

4.6.2 The General screen has a number of tertiary tabs, which allow the clinician to enter information that relates to the more detailed assessment that is conducted once any life threatening observations have been concluded.

4.6.3 The Pain Assessment screen allows the clinician to enter a detailed assessment of the patients pain, in terms of location, whether it is referred to a separate body area, whether it radiates from the main location to a point distal to that centre and whether there are any factors which help the patient relieve the pain or conversely anything that makes it worse.

The screenshot displays the 'ortivus' software interface for a 'Test Patient'. The top navigation bar includes the 'ortivus' logo, a 'Test Patient' dropdown, and a clock showing '12:14'. A 'Guide' button with a double arrow is also present. The main interface is divided into a left sidebar and a central content area. The sidebar lists various clinical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The central area is titled 'General' and features a series of tabs: 'Injury/Illness', 'Pain Assessment', 'Frailty', 'Nausea & Vomiting', and 'Skin'. The 'Pain Assessment' tab is currently selected. It contains several input fields and buttons: 'Site' (a text field), 'Onset Date & Time' (a date/time picker), 'Radiated' (Yes/No buttons), 'Radiated Free Text' (a text field), 'Referred' (Yes/No buttons), 'Referred Free Text' (a text field), 'Exacerbating or Remitting' (Yes/No buttons), and 'Exacerbating or Remitting Free Text' (a text field). On the right side of the 'Pain Assessment' tab, there is a 'Character of pain' section with buttons for 'Sharp', 'Dull', 'Aching', 'Other', and 'Crushing'. Below this is a 'Free Text' field. The 'Pain Score' section includes a scale from 0 to 10, with buttons for 'Pain Score', 'Pain Other', 'Wong Baker Pain Scale', 'Vocalisation', and 'New'. There are also 'Change', '<', '>', '0/0', and 'Delete' buttons.



- 4.6.4 In order to enter site of the patient's pain, the clinician first needs to click on the **white finger symbol**. This then opens the drop down menu below, from which the clinician can select multiple sites.

ortivus Test Patient 12:15

Priority General General

Incident Card-ovascular Injury/Illness Pain As

Primary Survey Respiratory Site

Vital Signs Gastro-intestinal Onset Date & Time

Status/History Obs & Gynae & Maternity Radiated Yes

Secondary Survey Nervous System Radiated Free Text

Drug Intervention Muscu-loskeletal Referred Yes

Treatment Mental Health Referred Free Text

Discharge Exclusion/Contraindication Exacerbating or Remitting Yes

Exacerbating or Remitting

Site

Right Foot	Left Foot
Right Lower Leg	Left Lower Leg
Right Upper Leg	Left Upper Leg
Right Hip	Left Hip
Pelvic	Abdominal
Lumbar	Right Flank
Left Flank	Thoracic/Non-cardiac Anterior
Thoracic/Non-cardiac Posterior	Thoracic/Cardiac Anterior
Thoracic/Cardiac Posterior	Right Shoulder
Left Shoulder	Right Upper Arm
Left Upper Arm	Right Lower Arm
Left Lower Arm	Right Hand
Left Hand	Neck

OK Cancel

Aching Other Crushing

Wong Baker Pain Vocalisation Scale New Change 0/0 Delete



- 4.6.5 An evaluation of pain is an essential component of the patient assessment. In order to better capture the assessment across a range of patients the clinician is provided with a detailed assessment screen that is accessed by clicking the **New** button within **Pain Score**.
- 4.6.6 A simple 0 to 10 pain score can be entered using the drop down button in Pain Score. Alternatively for paediatrics the **Wong Baker Pain Scale** can be used to determine a child's pain score.
- 4.6.7 Additionally the **Abbey Pain Scale**, a tool for assessing the pain of a patient who is unable to express this, can be accessed by clicking the **Change** button within the **Abbey Pain Scale**. This is useful in particular for assessing the pain of patients with dementia. The clinician reviews the questions, selecting the appropriate answers. The tool will then display the appropriate level of pain based on the answers provided.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The 'Pain Score' section is active, displaying a 'Time' field with the value '19/12/2014 12:14'. Below this is a 'Pain Score' dropdown menu. The 'Wong Baker Pain Scale' is shown with five face icons representing pain levels: 0 (No Hurt), 2 (Hurts Little Bit), 4 (Hurts Little More), 6 (Hurts Even More), and 8 (Hurts Whole Lot). The 'Abbey Pain Scale' section is also visible, with checkboxes for 'Vocalisation', 'Facial expression', 'Change in body language', 'Behavioural changes', 'Physiological changes', and 'Physical changes'. A 'Change' button is located next to the 'Abbey Pain Scale' section. The interface includes a sidebar with various assessment categories and a 'Crushing' button on the right.



4.6.8 The term “Frail” is often used without an agreed definition and is therefore subjective and open to personal interpretation. The **Rockwood Frailty Scale** allows the clinician to select the description that best fits the patient they are assessing. This then provides a standardised criteria and definition of frailty.

4.6.9 The clinician simply reads each definition and selects the one that most closely matches the description of the patient.

ortivus Test Patient 12:17

General General

Cardiovascular Injury/Illness Pain Assessment **Frailty** Nausea & Vomiting Skin

Respiratory

Primary Survey Gastro-intestinal

Vital Signs Obs & Gynae & Maternity

Status/History Nervous System

Secondary Survey Musculoskeletal

Drug Intervention Exclusion/Contraindication

Treatment

Discharge

**Clinical Frailty Scale**

**Very Fit:** People who are robust, active, energetic, motivated. These people commonly exercise, they are among the fittest for their age.

**Managing Well:** People whose medical problems are well controlled, but are not regularly active beyond routine walking.

**Mildly Frail:** These people often have more evident slowing and need help in high order activities of daily living. Typically mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

**Severely Frail:** People who are completely dependant on personal care, from whatever cause physical or cognitive. Even so, they seem stable and not at high risk of dying.

**Terminally Ill:** People approaching end of life, this category applies to people with a life expectancy of under six months.

**Well:** People who have no active disease but are less fit than category one. Often, they exercise or are very active occasionally.

**Vulnerable:** While not dependant on others for daily help, often symptoms limit activities.

**Moderately Frail:** People need help with all outside activities and with keeping house. Inside they often have problems with stairs and need help with bathing and dressing.

**Very Severely Frail:** People who are completely dependant, approaching end of life.

1 Very Fit 2 Well 3 Managing Well 4 Vulnerable 5 Mildly Frail 6 Moderately Frail

7 Severely Frail 8 Very Severely Frail 9 Terminally Ill

**Mobility Assessment**

The person may wear their usual footwear and can use any assistive device they normally use.

1. Have the person sit in the chair with their back to the chair and their arms resting on the arm rests
2. Ask the person to stand up from a standard chair and walk a distance of 10 ft. (3m).
3. Have the person turn around, walk back to the chair and sit down again.

Timing begins when the person starts to rise from the chair and ends when he or she returns to the chair and sits down.



4.6.10 The clinician may also wish to record a **Mobility Assessment** for the patient, this would in particular support the determination that a patient is safe to discharge at home and able to mobilise to a sufficient degree to self care and access bathroom facilities and kitchen etc.

4.6.11 In order to conduct the assessment, the clinician follows the on screen instructions, having the patient stand and mobilise for ten feet whilst timing how long this takes.

ortivus Test Patient 12:17

General **General** Guide <<

Priority	General	These people commonly exercise, they are among the fittest for their age.	category one. Often, they exercise or are very active occasionally.
Incident	Cardio-vascular	<b>Managing Well:</b> People whose medical problems are well controlled, but are not regularly active beyond routine walking.	<b>Vulnerable:</b> While not dependant on others for daily help, often symptoms limit activities.
Primary Survey	Respiratory	<b>Mildly Frail:</b> These people often have more evident slowing and need help in high order activities of daily living. Typically mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.	<b>Moderately Frail:</b> People need help with all outside activities and with keeping house. Inside they often have problems with stairs and need help with bathing and dressing.
Vital Signs	Gastro-intestinal	<b>Severely Frail:</b> People who are completely dependant on personal care, from whatever cause physical or cognitive. Even so, they seem stable and not at high risk of dying.	<b>Very Severely Frail:</b> People who are completely dependant, approaching end of life.
Status/History	Obs & Gynae & Maternity	<b>Terminally Ill:</b> People approaching end of life, this category applies to people with a life expectancy of under six months.	
Secondary Survey	Nervous System	1 Very Fit	2 Well
Drug Intervention	Musculo-skeletal	3 Managing Well	4 Vulnerable
Treatment	Mental Health	5 Mildly Frail	6 Moderately Frail
Discharge	Exclusion/Contraindication	7 Severely Frail	8 Very Severely Frail
		9 Terminally Ill	

**Mobility Assessment**  
The person may wear their usual footwear and can use any assistive device they normally use.

1. Have the person sit in the chair with their back to the chair and their arms resting on the arm rests
2. Ask the person to stand up from a standard chair and walk a distance of 10 ft. (3m).
3. Have the person turn around, walk back to the chair and sit down again.

Timing begins when the person starts to rise from the chair and ends when he or she returns to the chair and sits down.

The person should be given 1 practice trial and then 3 actual trials. The times from the three actual trials are averaged.

**Mobility Assessment**





4.6.12 The **Cardiovascular** screen has a number of tertiary tabs that allow the clinician to document a thorough assessment of the patients cardiovascular system.

The screenshot displays the 'ortivus' software interface for a 'Test Patient'. The top bar shows the time as 12:18. The main window is titled 'Cardiovascular' and features a sidebar on the left with the following categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The 'Cardiovascular' section is expanded, showing sub-tabs: General, ECG, Heart Sounds, Oedema, JVP, and DVT - Wells Score. The 'ECG' tab is active, displaying 'ECG Date & Time', 'Cardiac Rhythm', and 'Other'. A question 'Does Patient have implantable cardiac defibrillator in situ?' is present with 'Yes' and 'No' buttons. On the right side, there are buttons for 'New', 'Change', '<', '>', '0/0', and 'Delete'.



4.6.13 The first tab **ECG** within Cardiovascular allows the clinician to document the patients ECG, the clinician clicks on the New button for a new assessment and then selects the **white finger symbol** to open a drop down list of heart rhythms.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The 'Cardiovascular' section is active, with tabs for 'ECG', 'Heart Sounds', 'Oedema', 'JVP', and 'DVT - Wells Score'. The 'ECG' tab is selected. On the left, a vertical menu lists various clinical areas. The main form area contains fields for 'ECG Date & Time', 'Cardiac Rhythm', and a question 'Does Patient have implantable cardiac defibrillator' with 'Yes' and 'No' options. A 'New' button is in the top right. A red arrow points from the text in the preceding block to the 'white finger symbol' (a small icon of a hand with the index finger pointing) in the 'Cardiac Rhythm' dropdown menu. The dropdown menu is open, showing 'ECG' and 'ECG Date & Time' as options. At the bottom of the form are 'OK' and 'Cancel' buttons.





4.6.14 The drop down list of rhythms enables the clinician to select multiple fields, for example a patient with pacemaker who has a sinus rhythm.

4.6.15 The drop down list also incorporates an **Other** field, when selected the date/time, rhythm field shown in 5.6.13 will also incorporate a free text field to capture details of the clinician assessment.

The screenshot displays the Ortivus software interface for a 'Test Patient'. The main window is titled 'Cardiovascular' and includes a sidebar with various clinical categories. A 'Cardiac Rhythm' dialog box is open, allowing the user to select multiple rhythms. The dialog lists various cardiac conditions, including Sinus Rhythm, Sinus Bradycardia, Sinus Tachycardia, AV Block Type 1, AV Block Type 2/1, AV Block Type 2/2, AV Block Type 3, Atrial Fibrillation, ST Elevation, ST Depression, Premature Ventricular Contractions, Left Bundle Branch Block, Right Bundle Branch Block, Broad Complex Tachycardia, Narrow Complex Tachycardia, Right Axis Deviation, Left Axis Deviation, Pacemaker, Atrial Flutter, and an 'Other' option. The 'Other' option is currently selected. The dialog also includes 'OK' and 'Cancel' buttons at the bottom. The background interface shows a sidebar with categories like Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main area displays 'ECG' and 'Heart Sounds' tabs, with 'ECG' currently active. The 'ECG' tab shows a list of ECG results, including 'ECG Date & Time', 'Cardiac Rhythm', and 'Other'. The 'Cardiac Rhythm' field is currently empty, and the 'Other' field is selected. The 'Other' field is a text input field where the clinician can enter details of the assessment.

Cardiac Rhythm
Sinus Rhythm
Sinus Bradycardia
Sinus Tachycardia
AV Block Type 1
AV Block Type 2/1
AV Block Type 2/2
AV Block Type 3
Atrial Fibrillation
ST Elevation
ST Depression
Premature Ventricular Contractions
Left Bundle Branch Block
Right Bundle Branch Block
Broad Complex Tachycardia
Narrow Complex Tachycardia
Right Axis Deviation
Left Axis Deviation
Pacemaker
Atrial Flutter
Other



4.6.16 Should the clinician be competent in the assessment of **Heart Sounds**, this assessment can be recorded within the fields below. A simple Yes, No can be used to identify if any additional sounds are present and a free text format field for the recording of specific details.

The screenshot shows the 'ortivus' clinical assessment interface. At the top, there is a 'Test Patient' tab and a clock showing '12:19'. The interface is divided into a left sidebar with various assessment categories and a main content area. The 'Cardiovascular' section is currently selected, and within it, the 'Heart Sounds' sub-section is active. The 'Heart Sounds' section contains a question 'Additional Sounds Present?' with 'Yes' and 'No' buttons. Below this is a 'Free Text' field for additional details. The sidebar on the left includes categories like Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main content area also has a 'General' tab and a 'Cardiovascular' tab, with the 'Cardiovascular' tab being the active one. The 'Cardiovascular' tab has sub-sections for ECG, Heart Sounds, Oedema, JVP, and DVT - Wells Score. The 'Heart Sounds' sub-section is currently selected, and it contains the 'Additional Sounds Present?' question and the 'Free Text' field.

Category	Sub-category	Field
General	Cardiovascular	ECG, Heart Sounds, Oedema, JVP, DVT - Wells Score
Cardiovascular	Heart Sounds	Additional Sounds Present? (Yes/No), Additional Sounds Free Text
Respiratory		
Gastro-intestinal		
Obs & Gynae & Maternity		
Nervous System		
Musculo-skeletal		
Mental Health		
Exclusion/Contraindication		
Treatment		
Discharge		



4.6.17 Should the clinician wish to record an assessment of **Peripheral Oedema**, this assessment can be recorded within the fields below. A simple Yes, No can be used to identify if any Oedema is present and a free text format field for the recording of specific details.

The screenshot shows the 'ortivus' clinical assessment interface. At the top, there's a 'Test Patient' tab and a clock showing '12:19'. The main interface is divided into a left sidebar with various assessment categories (Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, Discharge) and a central content area. The central area is titled 'Cardiovascular' and has several tabs: 'ECG', 'Heart Sounds', 'Oedema', 'JVP', and 'DVT - Wells Score'. The 'Oedema' tab is currently selected. Under this tab, there's a question 'Is Peripheral Oedema Present?' with two buttons: 'Yes' and 'No'. Below this, there's a section labeled 'PO Present Free Text' with a large text input area for recording specific details.



4.6.18 Should the clinician wish to record an assessment of **Jugular Venous Pressure**, this assessment can be recorded within the fields below. A drop down list can be accessed to identify if the JVP is raised, normal or lowered, and a free text format field for the recording of specific details.

The screenshot shows the Ortivus clinical software interface. At the top, there is a header bar with the Ortivus logo, a 'Test Patient' tab, and the time '12:20'. Below the header, a sidebar on the left contains various clinical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main content area is titled 'Cardiovascular' and includes a 'Guide' button. Under the 'Cardiovascular' section, there are several sub-sections: ECG, Heart Sounds, Oedema, JVP, and DVT - Wells Score. The 'JVP' sub-section is currently selected, and it displays a dropdown menu for 'Jugular Venous Pressure' and a 'Free Text' field for recording specific details.



4.6.19 The **Wells Score** for Deep Vein Thrombosis is a clinical support tool to assist in the determination of the likelihood of the patient suffering a DVT. In order to access the tool the clinician simply clicks **Change**.

ortivus Test Patient 12:20

Priority General Cardiovascular Guide <<

Cardiovascular ECG Heart Sounds Oedema JVP DVT - Wells Score

Incident Respiratory DVT Wells Score

Primary Survey Gastro-intestinal Active cancer Paralysis Recently bed ridden Localised tenderness Entire leg swollen Calf swelling Pitting odema Collateral DVT Alternative diagnosis

Vital Signs Obs & Gynae & Maternity Total Change

Status/History Nervous System

Secondary Survey Muscu-loskeletal Mental Health

Drug Inter-vention Exclusion/Contrain-dication

Treatment

Discharge



4.6.20 Once the clinician clicks on **Change** the following checklist appears, the clinician then answers the questions as presented. Once all ten questions have been answered, the clinician clicks **OK** and the screen will identify the likelihood of a DVT being present. The clinician must then make a determination based on this and other findings to provide a clinical outcome and determine the most appropriate course of action.

**Cortivus** Test Patient 12:21

**General Cardiovascular**

**DVT Wells Score**

<b>Active cancer</b> Treatment ongoing, within six months, or palliative	<b>Paralysis</b> Paralysis, paresis or recent plaster immobilisation of the lower extremities	<b>Recently bed ridden</b> Recently bed ridden for three days or more or major surgery within twelve weeks requiring general or regional anaesthesia	<b>Localised tenderness</b> Localised tenderness along the distribution of the deep venous system
0 No 1 Yes	0 No 1 Yes	0 No 1 Yes	0 No 1 Yes
<b>Entire leg swollen</b>	<b>Calf swelling</b> Calf swelling at least 3cm larger than asymptomatic side	<b>Pitting odema</b> Pitting odema confined to the symptomatic leg	<b>Collateral</b> Collateral superficial veins (non varicose)
0 No 1 Yes	0 No 1 Yes	0 No 1 Yes	0 No 1 Yes
<b>DVT</b> Previously documented DVT	<b>Alternative diagnosis</b> An alternative diagnosis is at least likely as a DVT		
0 No 1 Yes	0 No -2 Yes		

OK Cancel



4.6.21 The **Respiratory** screens allow the clinician to undertake a thorough assessment of the patient's respiratory function.

4.6.22 The first tab captures details of the **General** assessment, this may be required to be undertaken on more than one occasion, for example prior to treatment and after treatment. The clinician simply clicks on New to undertake a new general assessment.

4.6.23 An additional **Free Text** field is available should further clinical information be available that is relevant to the patients respiratory function.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The main window is titled 'Respiratory' and features a sidebar with various assessment categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The 'Respiratory' section is expanded, showing a list of assessment items with corresponding checkboxes. The items are: 'Is patient able to talk in full sentences?', 'Is patient short of breath; at rest?', 'Is patient short of breath; on exertion?', 'Is Orthopnoea present?', 'Is patient using accessory muscles?', 'Is there evidence of respiratory recession?', 'Haemoptysis?', 'Does patient have productive cough?', 'Colour of Sputum', and 'Is Patient Smoker?'. The 'Is Patient Smoker?' item has two buttons: 'Yes' and 'No'. Below the assessment items is a 'Free Text' field. On the right side of the screen, there are buttons for 'New', 'Change', '<', '>', '0/0', and 'Delete'. The top right corner of the screen displays the time '12:25'.





4.6.24 Once **New** within **General** assessment is selected the screen appears as below, allowing the clinician to record details of the assessment.

The screenshot displays the 'ortivus' software interface for a 'Test Patient'. The left sidebar contains a list of assessment categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The 'Primary Survey' category is expanded, showing sub-sections: General, Cardiorespiratory, Gastro-intestinal, Obs & Gynae & Maternity, Nervous System, Musculoskeletal, Mental Health, and Exclusion/Contraindication. The 'General' sub-section is selected, and the 'Respiratory' assessment is active. The main area shows the 'Respiratory General Questions' form. The form includes a 'New' button, a 'Change' button, and a 'Delete' button. The form contains several questions with 'Yes' and 'No' buttons: 'Is patient able to talk in full sentences?', 'Is patient short of breath; at rest?', 'Is patient short of breath; on exertion?', 'Is Orthopnoea present?', 'Is patient using accessory muscles?', 'Is there evidence of respiratory recession?', 'Haemoptysis?', and 'Does patient have productive cough?'. Below these questions are buttons for 'Colour of Sputum' (White, Pink, Yellow, Green) and a 'No' button. A 'Time' field shows '19/12/2014 12:25'. At the bottom are 'OK' and 'Cancel' buttons.

ortivus Test Patient 12:25

Priority General Respiratory

Cardiorespiratory General Croup Assessment

Incident Respiratory -

Primary Survey Gastro-intestinal Is patient able to talk in full sentences?

Vital Signs Obs & Gynae & Maternity Is patient short of breath; at rest?

Status/History Nervous System Is patient short of breath; on exertion?

History Musculoskeletal Is Orthopnoea present?

Secondary Survey Mental Health Is patient using accessory muscles?

Survey Exclusion/Contraindication Is there evidence of respiratory recession?

Drug Intervention Haemoptysis?

Treatment Does patient have productive cough?

Discharge Colour of Sputum

Free Text

White Pink Yellow Green No

Time 19/12/2014 12:25

OK Cancel



4.6.25 Should the clinician be concerned that the patient may be suffering from Croup a determination of severity is essential to the decision making process, particularly with regards onward care planning. The Modified Tausig Croup Score is an effective **Croup Assessment** tool, supported by JRCALC. In order to undertake the Croup Assessment, the clinician clicks on **Change**.

The screenshot displays the 'ortivus' clinical interface for a 'Test Patient'. The left sidebar contains a list of clinical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main content area is titled 'Respiratory' and includes a 'Guide' button. Below the title, there are four tabs: 'General', 'Croup Assessment', 'Modified Dyspnoea Scale', and 'Pulmonary Embolism'. The 'Croup Assessment' tab is active, showing a 'Modified Tausig Score' section with three input fields and a 'Change' button. The 'Stridor Recession Total' section is also visible. The interface is designed for clinicians to input patient data and perform assessments.



- 4.6.26 The **Modified Tausig Score** captures the degree of **Stridor** (a harsh vibrating sound caused by obstruction of the larynx) and the degree of **Recession**. The degree of stridor and or recession will be recorded as None, On Crying or Exertion, At Rest and Severe (Biphasic, both inspiratory and expiratory).

ortivus Test Patient 12:27

General Respiratory

Cardiovascular General Croup Assessment Modified Dyspnoea Scale Pulmonary Embolism

Respiratory

Modified Tausig Score

Stridor Recession Total

Change

**Modified Tausig Score**

Stridor		Recession	
0	None	0	None
1	On crying or exertion	1	On crying or exertion
2	At rest	2	At rest
3	Severe (BIPHISC)	3	Severe (BIPHISC)

OK Cancel



4.6.27 The **Modified Dyspnoea Scale** is used to evaluate and record the degree of breathlessness and whether this occurs at rest or at exertion. The clinician simply clicks on the down arrow to select from the list of options.

The screenshot displays the Ortivus software interface for a 'Test Patient'. The top bar shows the time as 12:28. The left sidebar contains a list of assessment categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main area is titled 'Respiratory' and includes a 'Guide' button. Below the title, there are four tabs: 'General', 'Croup Assessment', 'Modified Dyspnoea Scale', and 'Pulmonary Embolism'. The 'Modified Dyspnoea Scale' tab is selected. The main content area is divided into two sections: 'Is The Patient Breathless' and 'Time'. The 'Is The Patient Breathless' section has a dropdown menu with a downward arrow. The 'Time' section has a text input field and a clock icon.



4.6.28 Similar to the Wells Deep Vein Thrombosis Tool the **Wells PE tool** assists in the risk assessment for the likely diagnosis of a **Pulmonary Embolism**. In order to undertake the assessment, the clinician selects **Change**, the PE tool checklist will then be provided for completion.

The screenshot shows the 'ortivus' software interface. At the top, there is a 'Test Patient' tab and a clock showing '12:28'. The main interface is divided into a left sidebar and a main content area. The sidebar contains a list of medical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main content area is titled 'Respiratory' and has a 'Guide' button. Below the title, there are four tabs: 'General', 'Croup Assessment', 'Modified Dyspnoea Scale', and 'Pulmonary Embolism'. The 'Pulmonary Embolism' tab is selected. Under this tab, the 'Wells PE Tool' is displayed. It consists of a table with the following headers: 'DVT symptoms?', 'Another diagnose less likely?', 'HR > 100', 'Patient immobilised?', 'Previous DVT or PE?', 'Haemoptysis?', 'Malignancy?', and 'Total'. Each header has a corresponding empty box for input. To the right of the table is a 'Change' button.

DVT symptoms?	Another diagnose less likely?	HR > 100	Patient immobilised?	Previous DVT or PE?	Haemoptysis?	Malignancy?	Total
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



4.6.29 The Clinician will be provided with the checklist as below, the clinician simply answers the questions presented and clicks Ok, the risk of **PE** is then provided to support the clinicians ongoing care plans.

ortivus Test Patient 12:29

Priority General **Respiratory** Guide <<

Cardiovascular General Croup Assessment Modified Dyspnoea Scale Pulmonary Embolism

Incident Respiratory Wells PE Tool

Primary Survey Wells PE Tool

<b>DVT symptoms?</b> Are there clinical symptoms of DVT?	<b>Another diagnose less likely?</b> Is another diagnosis less likely than PE?	<b>HR &gt; 100</b> Is heart rate greater than 100?	<b>Patient immobilised?</b> Has Patient been immobilised or had surgery in past four weeks?
0 No	0 No	0 No	0 No
3 Yes	3 Yes	1.5 Yes	1.5 Yes

<b>Previous DVT or PE?</b> Has Patient had previous DVT or PE?	<b>Haemoptysis?</b> Does Patient have Haemoptysis?	<b>Malignancy?</b> Does Patient have current malignancy?
0 No	0 No	0 No
1.5 Yes	1 Yes	1 Yes

OK Cancel

Treatment

Discharge



4.6.30 The Gastro-intestinal screen has a number of tertiary tabs that support an depth assessment of the patient.

4.6.31 The screen opens on the **Diarrhoea** screen, this enables the capture of data relating to diarrhoea in both tick box format and also with an additional free text field for the capture of information not entered elsewhere.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The main window is titled 'Gastro-intestinal' and features a sidebar on the left with various assessment categories. The 'Primary Survey' section is active, showing the 'Gastro-intestinal' tab. The 'Diarrhoea' sub-tab is selected, displaying several assessment fields: 'Does Patient Have Diarrhoea?' with 'Yes' and 'No' buttons, 'Number of Bowel Movements in Last 24 hours' with a numeric input field, 'Evidence of Blood in Stool?' with 'Yes' and 'No' buttons, 'Melaena?' with 'Yes' and 'No' buttons, and a 'Free Text' field. The 'Secondary Survey' section is also visible, showing 'Exclusion/Contraindication' and 'Mental Health' tabs. The 'Treatment' and 'Discharge' sections are empty.

Category	Field	Value
Primary Survey	Does Patient Have Diarrhoea?	No
	Number of Bowel Movements in Last 24 hours	-
	Evidence of Blood in Stool?	No
	Melaena?	No
	Free Text	
Secondary Survey	Exclusion/Contraindication	
Secondary Survey	Mental Health	
Treatment		
Discharge		





4.6.32 **Constipated** screen enables the clinician to capture information relating to any patient who appears to be constipated. Data fields are available as either a simple **Yes/No** or in a free text format.

Ortivus Test Patient 12:30

Priority General **Gastro-intestinal** Guide <<

Cardio-vascular Diarrhoea Constipation Bowel Sounds Abdominal Assessment Urinary Assessment

Incident Respiratory Is Patient Constipated? Yes No

Primary Survey Gastro-intestinal Constipation Free Text

Vital Signs Obs & Gynae & Maternity

Status/History Nervous System

Secondary Survey Muscu-loskeletal

Drug Inter-vention Mental Health

Treatment Exclusion/Contrain-dication

Discharge



4.6.33 For those able to appreciate the nature of bowel bounds and conduct an appropriate assessment. The **Bowel Sounds** screen enables the clinician to enter details by clicking the New button.

The screenshot displays the Ortivus software interface for a 'Test Patient'. The top bar shows the 'ortivus' logo, 'Test Patient', and the time '12:30'. The main interface is divided into a left sidebar and a central content area. The sidebar contains a list of clinical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The central area is titled 'Gastro-intestinal' and features a tabbed interface with tabs for 'Diarrhoea', 'Constipation', 'Bowel Sounds', 'Abdominal Assessment', and 'Urinary Assessment'. The 'Bowel Sounds' tab is currently selected, showing a 'Bowel Sounds' section with a '-' button and a 'Bowel Sounds Free Text' area. On the right side of the central area, there are buttons for 'New', 'Change', '<', '>', '0/0', and 'Delete'.



4.6.34 Once clicked the following data box appears, the clinician can then click on the down arrow to bring up a drop down list of **Bowel Sounds** and also has the option of entering additional free text.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The main window has a left-hand navigation menu with categories like Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main area is titled 'Gastro-intestinal' and contains tabs for 'Diarrhoea', 'Constipation', 'Bowel Sounds', 'Abdominal Assessment', and 'Urinary Assessment'. The 'Bowel Sounds' tab is selected. A modal window titled 'Bowel Sounds' is open in the center, containing a dropdown menu for 'Bowel Sounds', a text input field for 'Bowel Sounds Free Text', and a 'Time' field showing '19/12/2014 12:31'. The modal has 'OK' and 'Cancel' buttons at the bottom. On the right side of the main window, there are buttons for 'New', 'Change', '<', '>', '0/0', and 'Delete'.



4.6.35 A generalised **Abdominal Assessment** can be located and recorded by clicking the New button.

The screenshot displays the 'ortivus' software interface for a 'Test Patient'. The top navigation bar includes the 'ortivus' logo, a 'Test Patient' dropdown, and a clock showing '12:31'. A 'Guide' button with a double arrow is also present.

The main interface is divided into a left sidebar and a central content area. The sidebar contains a vertical list of categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The 'Primary Survey' category is expanded, showing sub-sections: General, Cardiorespiratory, Respiratory, Gastro-intestinal, Obs & Gynae & Maternity, Nervous System, Musculoskeletal, Mental Health, and Exclusion/Contraindication. The 'Gastro-intestinal' sub-section is selected.

The central content area is titled 'Gastro-intestinal' and features a tabbed interface with the following tabs: Diarrhoea, Constipation, Bowel Sounds, Abdominal Assessment (highlighted), and Urinary Assessment. Below the tabs, the 'Assessment' section contains a list of questions for recording: 'Is abdomen soft?', 'Is abdomen rigid?', 'Is there evidence of guarding?', 'Is there evidence of rebound tenderness?', 'Is there evidence of a pulsatile mass?', 'Is abdomen distended?', 'PR Bleed?', 'Ascities?', 'Hernia (inguinal, umbilical, epigastric, incisional, femoral)?', 'Masses?', and 'Free Text'. To the right of this list are buttons for 'New', 'Change', '<', '>', '0/0', and 'Delete'.

Below the assessment questions is the 'Pain Location' section, which includes a dropdown menu (currently showing '-') and a 'New' button. The text 'Abdominal Pain Location' is visible below the dropdown.



4.6.36 Once the **New** button is clicked the clinician can enter details of a generalised abdominal assessment by clicking on the **Yes/No** buttons. Any additional information can be entered in the **Free Text** field.

The screenshot displays the Ortivus software interface for a 'Test Patient'. The left sidebar contains a navigation menu with categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. Under 'Primary Survey', the 'Gastro-intestinal' section is selected, showing sub-options: Diarrhoea, Constipation, Assessment, and Pain Location. The 'Assessment' sub-option is active, displaying a list of clinical questions for the 'Abdominal Assessment'. The questions are: 'Is abdomen soft?', 'Is abdomen rigid?', 'Is there evidence of guarding?', 'Is there evidence of rebound tenderness?', 'Is there evidence of a pulsatile mass?', 'Is abdomen distended?', 'PR Bleed?', 'Ascities?', 'Hernia (inguinal, umbilical, femoral)?', and 'Masses?'. Each question has 'Yes' and 'No' buttons. The 'Time' field is set to '19/12/2014 12:32'. At the bottom of the form, there are 'OK' and 'Cancel' buttons. On the right side of the interface, there are buttons for 'New', 'Change', '<', '>', '0/0', and 'Delete'. The top right corner shows the time '12:32'.

Question	Yes	No
Is abdomen soft?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Is abdomen rigid?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Is there evidence of guarding?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Is there evidence of rebound tenderness?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Is there evidence of a pulsatile mass?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Is abdomen distended?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
PR Bleed?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Ascities?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Hernia (inguinal, umbilical, femoral)?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Masses?	<input type="button" value="Yes"/>	<input type="button" value="No"/>



4.6.37 In order to identify the location of any abdominal pain the clinician first clicks on the **white finger symbol**, this then opens up a checklist of abdominal regions that can be used to select or multi select areas of pain.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The left sidebar contains a list of clinical categories: Priority, General, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main area is titled 'Gastro-intestinal' and contains a checklist of symptoms: 'Is abdomen rigid?', 'Is there evidence of guarding?', 'Is there evidence of rebound tenderness?', 'Is there evidence of a pulsatile mass?', 'Is abdomen distended?', 'PR Bleed?', 'Ascities?', 'Hernea (inguinal, umbilical, epigastric, inguinal, femoral)?', 'Masses?', and 'Free Text'. A red arrow points from the text in the paragraph above to a 'white finger symbol' (a small white square with a black outline) located next to the 'Hernea' entry. This symbol is the trigger for the 'Abdominal Pain Location' dialog box, which is currently open. The dialog box has a title bar 'Abdominal Pain Location' and contains a text field for 'Abdominal Pain Location', a 'Time' field showing '19/12/2014 12:32', and 'OK' and 'Cancel' buttons. The main interface also shows a 'Pain Location' section with a minus sign and a 'New' button. The top right corner shows the time '12:32' and a 'Guide' button.



4.6.38 A generalised **Urinary Assessment** can be accessed by clicking the **New** button. Additionally, if the patient is catheterised, it is important to enter the **Date of Last Catheter Change**, this may be important when considering any retention and any requirement to organise a catheter change via ECP or district nurse etc.

The screenshot displays the 'ortivus' clinical assessment software interface. At the top, a blue header bar contains the 'ortivus' logo, a 'Test Patient' button, and the time '12:33'. Below the header, a left-hand navigation menu lists various assessment categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main content area is titled 'Gastro-intestinal' and features a sub-menu with tabs for 'Diarrhoea', 'Constipation', 'Bowel Sounds', 'Abdominal Assessment', and 'Urinary Assessment'. The 'Urinary Assessment' tab is currently selected, showing a list of assessment questions: 'Is there evidence of urinary retention?', 'Do they have pain on passing urine?', 'Is there evidence of blood in urine?', 'Has frequency of urination increased?', 'Is urine cloudy?', 'Is patient catheterised?', 'Hesitancy?', 'Urgency?', 'Poor Flow?', 'Dribbling?', 'Nocturia?', and 'Supra-pubic tenderness?'. To the right of these questions are buttons for 'New', 'Change', '<', '>', '0/0', and 'Delete'. Below the assessment questions, there is a field for 'Date of Last Catheter Change' with a clock icon, and a section for 'Urinalysis Positive For'.





#### 4.6.39 Details of the Urinary Assessment by clicking on the **Yes/No** buttons.

ortivus Test Patient 12:34

Priority General **Gastro-intestinal** Cardiorespiratory  
Incident Diarrhoea Constipation  
Primary Survey Respiratory  
Vital Signs  
Status/History  
Secondary Survey  
Drug Intervention  
Treatment  
Discharge

**Urinary Assessment**

Is there evidence of urinary retention? Yes No  
Do they have pain on passing urine? Yes No  
Is there evidence of blood in urine? Yes No  
Has frequency of urination increased? Yes No  
Is urine cloudy? Yes No  
Is patient catheterised? Yes No  
Hesitancy? Yes No  
Urgency? Yes No  
Poor Flow? Yes No  
Dribbling? Yes No  
Nocturia? Yes No  
Supra-pubic tenderness? Yes No  
Time 19/12/2014 12:34  
Date of Last Catheter Change  
Urinalysis Positive For

OK Cancel

New  
Change  
< >  
0/0  
Delete



4.6.40 For Emergency Care Practitioners and those able to perform **Urinalysis**, this functionality is included with the configuration. As other assessments, Urinalysis results can be entered by clicking the **New** button. Any additional information not covered within the generalised **Urinary Assessment** or **Urinalysis** can be entered in the **Urine Free Text** field.

The screenshot displays the Ortivus software interface for a 'Test Patient'. The left sidebar contains a list of assessment categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The 'Secondary Survey' category is selected, and the 'Gastro-intestinal' sub-category is active. The main panel shows a list of assessment questions under 'Gastro-intestinal': Urgency?, Poor Flow?, Dribbling?, Nocturia?, and Supra-pubic tenderness?. Below these is a section for 'Date of Last Catheter Change' with a text input field and a clock icon. The 'Urinalysis Positive For' section lists various components: Nitrite, Leukocytes, Protein, Glucose, Ketones, Bilirubin, and Blood. A 'New' button is located to the right of this list. At the bottom, there is a 'Urine Free Text' field. The top right corner shows the time as 12:34 and a 'Guide' button.



4.6.41 Details of the Urinalysis assessment can be entered into the ePCR by clicking on the **Yes/No** buttons, followed by Ok.

The screenshot displays the ePCR interface for a 'Test Patient'. The main window is titled 'Gastro-intestinal' and contains a list of assessment questions with 'Yes' and 'No' buttons. A modal window titled 'Urinalysis' is open, allowing the user to enter results for various parameters. The 'Urinalysis' window includes fields for Nitrite, Leukocytes, Protein, Glucose, Ketones, Bilirubin, Blood, and Time. The 'Time' field is set to '19/12/2014 12:34'. The 'Urinalysis Positive For' section is currently empty. The 'Urine Free Text' field is also empty. The interface includes a sidebar with navigation options and a top bar with the 'ortivus' logo and a 'Test Patient' tab.

Parameter	Yes	No
Nitrite	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Leukocytes	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Protein	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Glucose	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Ketones	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Bilirubin	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Blood	<input type="button" value="Yes"/>	<input type="button" value="No"/>

Time: 19/12/2014 12:34

Urine Free Text



4.6.42 Information relevant to the patients Obstetric and/or Gynaecological status can be entered within the **Obs & Gynae** screen. Data can be entered either as simple Yes/No or as free text or numerical data fields. Where a “**Number**” is required, this should be entered using numerical inputs (1,2,3, etc.).

4.6.43 As with other Date/Time fields, the **Date of Last Ectopic** or any other **Date** field can be adjusted by clicking on the **clock symbol** and then using the **+** and **-** buttons as appropriate.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The main section is titled 'Obs & Gynae and Maternity'. On the left, there is a vertical menu with categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. Each category has sub-items. The 'Obs & Gynae' sub-item is selected, and the 'Maternity' tab is active. The form contains the following fields:

- Is the Patient Pregnant? (Yes/No buttons)
- Number Previous Pregnancies (text input)
- Number Previous Births (text input)
- Number Previous Miscarriage (text input)
- Last Miscarriage Date (text input with a clock icon)
- Previous Ectopic (Yes/No buttons)
- Date of Last Ectopic (text input with a clock icon)
- Date Last Menstrual Period (text input with a clock icon)
- Menstrual Period Free Text (text input)

A red arrow points from the text 'clock symbol' in the preceding paragraph to the clock icon in the 'Date of Last Ectopic' field.



5.6.44 In order to reduce the visibility of buttons unless they are required, the **Gestation Period (Wks)** field will only appear if the question **Is the Patient Pregnant** is answered **Yes**.

ortivus Test Patient 12:36

Priority General Obs & Gynae and Maternity Guide <<

Cardio-vascular Obs & Gynae Maternity

Incident Respiratory Is the Patient Pregnant?

Primary Survey Gastro-intestinal Yes No

Vital Signs Obs & Gynae & Maternity Gestation Period (Wks)

Status/History Nervous System Number Previous Pregnancies

Secondary Survey Musculo-skeletal Number Previous Births

Drug Inter-vention Exclusion/Contraindication Number Previous Miscarriage

Treatment Last Miscarriage Date

Discharge Previous Ectopic Yes No

Date of Last Ectopic

Date Last Menstrual Period



4.6.45 The **Maternity** Screen enables the clinician to enter details of any child birth, this will include simple **Yes/No** buttons, drop down menus such as **Abnormal Delivery** to capture details including breech birth dystocia etc and also **Free Text** fields to capture any information relating to the delivery that are not captured elsewhere. This may include the nature of the birth, water birth for example or any other information felt relevant such as the time of labour.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The main window is titled 'Obs & Gynae and Maternity'. On the left is a vertical navigation menu with buttons for Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main content area has tabs for 'Obs & Gynae' and 'Maternity', with 'Maternity' currently selected. The 'Maternity' section contains several input fields: 'Normal Delivery' with 'Yes' and 'No' buttons; 'Abnormal Delivery' with a dropdown menu; 'Gestation at Delivery (Wks)' with a text field; 'Complications' with buttons for 'Ante-Partum Haemorrhage', 'Post-Partum Haemorrhage', 'Placenta Previa', 'Placenta Abruption', 'Cord Prolapse', and 'Shoulder Dystocia'; 'Free Text' with a large text area; and 'Time of Delivery' with a dropdown menu. At the bottom right, there are buttons for 'New', 'Change', and navigation arrows, along with a '0/0' indicator. The top right corner shows the time '12:36'.



4.6.46 In order to capture the **Time of Delivery** and also the **APGAR** score of the newborn, a multiple time field is provided to support the occasions of both single and multiple births. The clinician simply clicks on the **New** button to open the APGAR screen, the time Of Delivery as with other time fields will be pre-populated, but can be adjusted by clicking the **clock symbol**.

The screenshot displays the Ortivus software interface for a 'Test Patient'. The sidebar on the left lists various clinical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main content area is titled 'Obs & Gynae and Maternity' and features tabs for 'Obs & Gynae' and 'Maternity'. Below these tabs, there are buttons for 'Cord Prolapse' and 'Shoulder Dystocia'. A 'Free Text' field is present. The central form is for recording APGAR scores, with a table for 'Appearance Pulse Rate Grimace or Response to Stimulation Activity or Muscle Tone Respiration Total'. The 'Time of Delivery' field is pre-populated with '19/12/2014 12:37' and has a clock icon. A 'New' button is visible on the right side of the form. The bottom section includes 'Placenta Delivered' (Yes/No) and 'Time Placenta Delivered'.





4.6.47 In order to enter details of the **APGAR** score, the clinician clicks the **New** button and the following screen will appear. The clinician answers all the questions by clicking on the appropriate buttons, the total APGAR score will be provided once the **Ok** button is clicked.

Ortivus Test Patient 12:37

General Obs & Gynae and Maternity

Cardiovascular Obs & Gynae Maternity

Incident

Primary Survey

Vital Signs

Status/History

Secondary Survey

Drug Intervention

Treatment

Discharge

**APGAR**

Infant

Appearance	Pulse Rate	Grimace or Response to Stimulation	Activity or Muscle Tone
0 Blue or pale all over	0 Absent	0 No response to stimulation	0 None
1 Blue at extremities. Body pink (acrocyanosis)	1 <100	1 Grimace/feeble cry when stimulated	1 Some flexion
2 No cyanosis. Body and extremities pink	2 ≥100	2 Cry or pull away when stimulated	2 Flexed arms and legs that resist extension

**Respiration**

0 Absent
1 Weak, irregular, gasping
2 Strong, lusty cry

OK Cancel

Time Placenta Delivered



4.6.48 The **Nervous System** screen has a number of tertiary tabs across the top of the screen that enable the clinician to enter details of the assessment of the patient neurological function. These include, **Stroke**, **TIA** (Transient Ischeamic Attack), **Cranial Nerves**, **Visual** assessment, **Sensory** assessment, **TLOC** (Transient Loss of Consciousness), **Convulsions**, **Headache and Other** to capture any further neurological assessment not captured elsewhere.

ortivus Test Patient 12:38

General Nervous-System

Cardiovascular Stroke TIA Cranial Nerves Visual Sensory TLOC Convulsions Headache Other

Respiratory -

Pathway type

Comment

Pathway status

New

Change

< >

0/0

Delete

MEND Examination

-

Level of consciousness (AVPU)

Speech 'you can't teach an old dog new tricks'

Questions (age and month)

Commands (close eyes, keep them shut, then open)

Facial Droop (show teeth or smile)

Visual Fields (4 quadrants)

Horizontal gaze (side to side)

Motor-arm drift (close eyes, hold out arms)

New

Change

< >

0/0

Delete



4.6.49 The **Stroke** screen allows the clinician to evaluate whether the patient is suitable for conveyance to a hyper acute stroke centre, in line with Clinical Guidelines. On clicking the **New** button, the screen as below is displayed. The three qualifying questions are asked and if all **Yes**, the patient is deemed suitable for conveyance to the hyper acute stroke centre. Timeframes for conveyance are contained within the relevant Clinical Guideline, this can be accessed via the **Guidelines** button on the screen or via the Guidelines function on the **Main Menu** screen.

The screenshot shows the Ortivus software interface for a 'Test Patient'. The main window is titled 'Nervous-System' and contains a 'Stroke Suspected' clinical pathway. The pathway includes three qualifying questions: 'Is Blood Sugar Greater than 3.5 mmol?', 'Can Patient Arrive at Hyper Acute Stroke Unit within Timeframe for Stroke Thrombolysis?', and 'Is Patient Over 18?'. Each question has 'Yes' and 'No' buttons. Below the questions is a 'Comment' field and a 'Time' field set to '19/12/2014 12:38'. There are 'OK' and 'Cancel' buttons at the bottom of the pathway. On the right side of the screen, there are buttons for 'New', 'Change', '<', '>', '0/0', and 'Delete'. A red arrow points from the 'Guidelines' button in the text above to the 'Guide' button in the top right corner of the screen.



4.6.50 The **MEND** exam supports the clinician in the evaluation of patients suspected of having suffered a Stroke. The clinician evaluates several parameters and records them as **Normal** or **Abnormal** by clicking on the appropriate button. Once completed the clinician clicks **OK**.

ortivus Test Patient 12:39

Priority General Nervous-System

Cardio-vascular Stroke TIA Cranial Nerve

Incident Respiratory Pathway status

Primary Survey Gastro-intestinal

Vital Signs Obs & Gynae & Maternity

Status/History Nervous System

Secondary Survey Musculo-skeletal

Drug Intervention Mental Health

Treatment Exclusion/Contraindication

Discharge

**MEND Examination**

**Mental Status**

Level of consciousness (AVPU)

Normal Abnormal

Speech 'you can't teach an old dog new tricks'

Normal Abnormal

Questions (age and month)

Normal Abnormal

Commands (close eyes, keep them shut, then open)

Normal Abnormal

**Cranial Nerves**

Facial Droop (show teeth or smile)

Normal Abnormal

Visual Fields (4 quadrants)

Normal Abnormal

Horizontal gaze (side to side)

Normal Abnormal

**Limbs**

Motor-arm drift (close eyes, hold out arms)

Normal Abnormal

OK Cancel

Other

0/0 Delete

New Change

0/0 Delete



4.6.51 Should the clinician consider that the patient may have suffered a TIA, the **TIA** screen allows for data entry to support a structured **TIA Examination** and also to capture the **ABCD2** score, by clicking on the appropriate **New** button.

The screenshot displays the Ortivus software interface for a 'Test Patient'. The top navigation bar includes the 'Ortivus' logo, a 'Test Patient' tab, and a clock showing '12:39'. A 'Guide' button is located in the top right corner of the main content area.

The left sidebar contains a vertical menu with the following categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. Each category has a corresponding sub-menu item.

The main content area is divided into two sections. The top section is titled 'Nervous-System' and contains a 'TIA Examination' sub-section. The 'TIA Examination' sub-section has a 'New' button and a 'Change' button. Below these buttons are three questions: 'Has Patient showed signs of acute stroke?', 'Has Patient's symptoms fully resolved?', and 'Has Patient had previous TIAs in last seven days?'. The bottom section is titled 'ABCD2' and has a 'New' button and a 'Change' button. Below these buttons are the following fields: Age, BP, Speech, TI, Duration, Diabetes, ABCD2 Score, and ABCD2 Score Type.



4.6.52 The **TIA Examination** screen opens up a short series of questions to support the evaluation of TIA. The clinician selects **Yes** or **No** as appropriate and then clicks **Ok**.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The main window is titled 'Nervous-System' and contains a 'TIA Examination' section. A modal dialog box is open, asking the following questions:

- Has Patient showed signs of acute stroke?
- Has Patient's symptoms fully resolved?
- Has Patient had previous TIAs in last seven days?

Each question has 'Yes' and 'No' buttons. The dialog also includes a 'Time' field with the value '19/12/2014 12:40' and 'OK' and 'Cancel' buttons.





4.6.53 The **ABCD2** score estimates risk of stroke after a TIA. In order to calculate this score the clinician clicks on **Change** to enter the calculation tool.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The main window is titled 'Nervous-System' and has a sidebar with various clinical categories. The 'Stroke' tab is selected, and the 'ABCD2' sub-tab is active. A modal window titled 'ABCD2' is open, allowing the user to input data for the score calculation. The modal includes fields for Age, BP, Speech, TIA, Duration, Diabetes, and a Total score. A 'Change' button is visible next to the Total score field. The modal also has a 'Time' field set to '19/12/2014 12:40' and 'OK' and 'Cancel' buttons at the bottom.

ortivus Test Patient 12:40

Priority General Nervous-System Guide <<

Cardio-vascular Stroke TIA Cranial Nerves Visual Sensory TLOC Convulsions Headache Other

Incident Respiratory TIA Examination

Primary Survey Gastro-intestinal Has Patient showed signs of acute stroke?

Vital Signs Obs & Gynae & Maternity Has Patient's symptoms?

Status/History Nervous System Has Patient had previous?

Musculo-skeletal ABCD2

Secondary Survey Mental Health

Drug Intervention Exclusion/Contraindication

Treatment TI

Discharge Duration

Diabetes

ABCD2 Score

ABCD2 Score Type

ABCD2 Score

Age BP Speech TIA Duration Diabetes Total

Change Normal

Time 19/12/2014 12:40

OK Cancel

New Change < > 0/0 Delete

New Change < > 0/0 Delete





4.6.54 The Clinician uses the **ABCD2** tool to answer the questions as presented, once all questions are answered the clinician clicks **Ok** and the screen will return to the **TIA** screen and display the total **ABCD2 Score** as below.

ortivus test test (123 456 7890) 16:07

Priority General Nervous-System Guide <<

Cardio-vascular Stroke TIA Cranial Nerves Visual Sensory TLOC Convulsions Headache Other

Incident

Primary Survey

Vital Signs

Status/History

Secondary Survey

Drug Intervention

Treatment

Discharge

**ABCD2 Score**

<b>Age</b> Patient over 60 years?	<b>BP</b> Blood pressure systolic over 140 and or diastolic greater than 90	<b>Speech</b> Speech disturbance without weakness?	<b>TIA</b> Focal weakness or clinical features of TIA?
0 No	0 No	0 No	0 No
1 Yes	1 Yes	1 Yes	2 Yes

<b>Duration</b> Duration of symptoms	<b>Diabetes</b> Patient has diabetes or is taking either oral or injectable medication?
0 <10 minutes	0 No
1 10-59 minutes	1 Yes
2 >60 minutes	

OK Cancel

Diabetes  
ABCD2 Score  
ABCD2 Score\_Type

ortivus test test (123 456 7890) 16:08

Priority General Nervous-System Guide <<

Cardio-vascular Stroke TIA Cranial Nerves Visual Sensory TLOC Convulsions Headache Other

Incident

Primary Survey

Vital Signs

Status/History

Secondary Survey

Drug Intervention

Treatment

Discharge

Respiratory

Gastro-intestinal

Obs & Gynae & Maternity

Nervous System

Musculo-skeletal

Mental Health

Exclusion/Contraindication

**ABCD2**

Has Patient showed signs of acute stroke?

Has Patient's symptoms...

Has Patient had previous...

**ABCD2 Score**

Age	BP	Speech	TIA	Duration	Diabetes	Total
1	1	1	2	2	1	8

Change Normal

Time 05/01/2015 16:07

OK Cancel

ABCD2

Age

BP

Speech

TI

Duration

Diabetes

ABCD2 Score

ABCD2 Score\_Type



4.6.55 Should the clinician wish to document an assessment of the **Cranial Nerves**, the **New** assessment button is clicked, this then opens up the assessment box.

Ortivus Test Patient 12:42

General Nervous-System Guide <<

Card-ovascular Stroke TIA Cranial Nerves Visual Sensory TLOC Convulsions Headache Other

Incident Respiratory - New

Primary Survey Gastro-intestinal Olfactory nerve (sense of smell) Change

Vital Signs Obs & Gynae & Maternity Optic nerve (sense of light) < >

Status/History Nervous System Oculomotor nerve (ability to look left and right) 0/0

Secondary Survey Muscu-loskeletal Trochlear nerve (ability to look down) Delete

Drug Inter-vention Exclusion/Contrain-dication Trigeminal nerve (nerves to face and head)

Treatment Abducens nerve (roll your eyes)

Discharge Facial nerve (smile)

Vestibulocochlear nerve (ability to hear)

Glossopharyngeal nerve (ability to swallow)

Vagus nerve (ability to gag)

Accessory nerve (ability to shrug the shoulders)

Hypoglossal nerve (talk, swallow and poke tongue)



4.6.56 The clinician reviews each Cranial Nerve in turn and enters either a finding of **Normal** or **Abnormal** as indicated. Once all **Cranial Nerves** have been assessed and recorded the clinician clicks **Ok**.

The screenshot shows the Ortivus software interface for a patient assessment. The left sidebar contains a list of assessment categories: Priority, General, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The 'General' category is selected, and the 'Nervous-System' sub-category is active. The 'Stroke' and 'TIA' options are highlighted. The main area displays the 'Cranial Nerves' assessment table, which lists 12 cranial nerves and their functions, each with 'Normal' and 'Abnormal' buttons for recording findings. The table is as follows:

Cranial Nerve	Normal	Abnormal
Olfactory nerve (sense of smell)	<input type="button" value="Normal"/>	<input type="button" value="Abnormal"/>
Optic nerve (sense of light)	<input type="button" value="Normal"/>	<input type="button" value="Abnormal"/>
Oculomotor nerve (ability to look left and right)	<input type="button" value="Normal"/>	<input type="button" value="Abnormal"/>
Trochlear nerve (ability to look down)	<input type="button" value="Normal"/>	<input type="button" value="Abnormal"/>
Trigeminal nerve (nerves to face and head)	<input type="button" value="Normal"/>	<input type="button" value="Abnormal"/>
Abducens nerve (roll your eyes)	<input type="button" value="Normal"/>	<input type="button" value="Abnormal"/>
Facial nerve (smile)	<input type="button" value="Normal"/>	<input type="button" value="Abnormal"/>
Vestibulocochlear nerve (ability to hear)	<input type="button" value="Normal"/>	<input type="button" value="Abnormal"/>
Glossopharyngeal nerve (ability to swallow)	<input type="button" value="Normal"/>	<input type="button" value="Abnormal"/>
Vagus nerve (ability to gag)	<input type="button" value="Normal"/>	<input type="button" value="Abnormal"/>
Accessory nerve (ability to shrug the shoulders)	<input type="button" value="Normal"/>	<input type="button" value="Abnormal"/>
Hypoglossal nerve (talk, swallow and poke tongue)	<input type="button" value="Normal"/>	<input type="button" value="Abnormal"/>

At the bottom of the table are 'OK' and 'Cancel' buttons. On the right side of the interface, there are buttons for 'New', 'Change', navigation arrows, '0/0', and 'Delete'. The top right corner shows the time '12:42'.



4.6.57 The clinician can enter details of an assessment of the patients **Visual** status by clicking the **New** button.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The main window is titled 'Nervous-System'. On the left is a vertical navigation menu with buttons for Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The 'Status/History' section is expanded, showing a list of assessment items: Does Patient have impaired vision Left?, Does Patient have impaired vision Right?, Pupil Assessment; Reaction Left, Pupil Assessment; Reaction Right, Pupils Left Size, Pupils Right Size, Visual Field Assessment, and Visual Free Text. Above this list are tabs for different assessment types: Stroke, TIA, Cranial Nerves, Visual (selected), Sensory, TLOC, Convulsions, Headache, and Other. On the right side of the form, there are buttons for 'New', 'Change', '<', '>', '0/0', and 'Delete'. The top right corner shows the time '12:43'.



4.6.58 Details of the **Visual** assessment can be entered using the appropriate buttons as below. The size of the pupil can be entered by clicking on the down arrow and selecting the appropriate size in mm.

4.6.59 Any additional details such as impairment of visual fields or presence of hyphema (blood in the eye) etc can be captured using the **Visual Free Text** field provided.

The screenshot displays the 'ortivus' software interface for a 'Test Patient'. The main window is titled 'Nervous-System' and features a sidebar with various clinical categories. The 'Visual' tab is selected, showing a form for visual assessment. The form includes sections for 'Visual Assessment' (with buttons for 'Does Patient have impaired vision Left?' and 'Does Patient have impaired vision Right?', each with 'Yes', 'No', and 'Unable' options), 'Pupil Assessment - Reaction' (with buttons for 'Pupil Assessment; Reaction Left' and 'Pupil Assessment; Reaction Right', each with 'Yes', 'No', and 'Sluggish' options), 'Pupils Left Size' and 'Pupils Right Size' (with dropdown menus), 'Visual Field Assessment' (with 'Yes' and 'No' buttons), and a 'Visual Free Text' field. A 'Time' field shows '19/12/2014 12:43'. The interface also includes a 'Guide' button and a 'New' button. The bottom right corner of the screen shows the 'responsive committed effective' logo.



4.6.60 The clinician can enter details of an assessment of the patients **Sensory** status by clicking the **New** button.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The main window is titled 'Nervous-System' and features a tabbed interface with the following tabs: Stroke, TIA, Cranial Nerves, Visual, Sensory (selected), TLOC, Convulsions, Headache, and Other. The 'Sensory' tab is active, displaying a list of assessment questions and options. The left sidebar contains a navigation menu with categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The right sidebar contains a 'New' button, a 'Change' button, navigation arrows, a '0/0' indicator, and a 'Delete' button. The main content area lists the following items:

- Does Patient have bi-lateral sensory impairment?
- Level of Impairment
- Impairment Free Text
- Unilateral Loss?
- Unilateral Loss Free Text
- Tone
- Right Arm
- Left Arm
- Right Leg
- Left Leg
- Bicep
- Tricep
- Patella
- Achilles
- Planter





4.6.61 The **Sensory** assessment enables the clinician to review loss of sensation **Tone** and **Sensory Power**. This may be supportive of an assessment of spinal injury or spinal compression and assist in determining the location of any injury.

4.6.62 Any bi-lateral loss could be indicative of spinal insult, the **Level of Impairment** field below, allows the clinician to approximate the level of impairment by relating the loss to the relevant dermatome.

The screenshot displays the Ortivus software interface for a 'Test Patient'. The left sidebar contains a navigation menu with categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. Under 'Secondary Survey', the 'Nervous-System' category is selected, showing sub-options: General, Cardiovascular, Respiratory, Gastro-intestinal, Obs & Gynae & Maternity, Nervous System, Musculoskeletal, Mental Health, Exclusion/Contraindication, and Bicep. The 'Sensory' form is open, featuring a 'Guide' button and a 'New' button. The form includes the following fields: 'Does Patient have bi-lateral sensory impairment?' (Yes/No buttons), 'Level of Impairment' (dropdown menu), 'Impairment Free Text' (text area), 'Unilateral Loss?' (Yes/No buttons), 'Unilateral Loss Free Text' (text area), 'Tone' (dropdown menu), 'Sensory Power' (Right Arm, Left Arm, Right Leg, Left Leg), and 'Bicep' (Right Arm, Left Arm, Right Leg, Left Leg). The form is set against a blue background with white text and buttons.





4.6.63 Should the clinician be called to a patient with suspected **TLoC** (Transient Loss of Consciousness), the **TLoC** screen assists in providing a structured assessment, following guidance from NICE. The **TLoC** and **Syncope** assessments can be accessed by clicking the relevant **New** button.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The top navigation bar includes a 'Guide' button and a clock showing '12:44'. The left sidebar lists various clinical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main content area is titled 'Nervous-System' and features a tabbed interface with options: Stroke, TIA, Cranial Nerves, Visual, Sensory, TLOC, Convulsions, Headache, and Other. The 'TLOC' tab is selected, displaying the 'TLOC Assessment' form. This form includes fields for 'Pathway type', 'Comment', and 'Pathway status', along with a 'New' button and a 'Delete' button. Below the 'TLOC Assessment' form is the 'Syncope' form, which also includes fields for 'Pathway type', 'Comment', and 'Pathway status', and a 'New' button. At the bottom of the screen is a 'Syncope Free Text' input field.



4.6.64 The clinician will be provided with a number of questions which support them in determining whether any collapse is suggestive of **TLoC** or has a more sinister aetiology. Should all questions be answered **Yes**, the risk of serious aetiology without other indications is considered low. Any additional information not captured elsewhere can be recorded within the **Comment** free text field.

The screenshot displays the 'ortivus' clinical pathways software interface. The main window is titled 'Test Patient' and shows a 'Nervous-System' pathway. A 'Clinical pathways' dialog box is open, titled 'TLoC'. The dialog box contains a section 'Were The Patients Symptoms:' with the following questions and 'Yes/No' buttons:

- Transient? Yes No
- Rapid Onset? Yes No
- Short Duration? Yes No
- Spontaneous Recovery? Yes No
- Any Pallor With Episode? Yes No
- Does Patient Remember Falling Down? Yes No

Below the questions is a 'Comment' text field and a 'Time' field set to '19/12/2014 12:45'. At the bottom of the dialog box are 'OK' and 'Cancel' buttons. The background interface shows a sidebar with various clinical categories like 'General', 'Cardiovascular', 'Respiratory', etc., and a 'Syncopal Free Text' field at the bottom.



4.6.65 On selecting the Syncope assessment the clinician will be provided with a number of questions which support them in determining whether any collapse is suggestive of **Syncope** or has a more sinister aetiology. Should all questions be answered **Yes**, the risk of serious aetiology without other indications is considered low. Any additional information not captured elsewhere can be recorded within the **Comment** free text field.

The screenshot displays the 'ortivus' clinical pathway software interface. The top navigation bar includes the 'ortivus' logo, a 'Test Patient' button, and a clock showing '12:45'. The main interface is divided into a left-hand menu and a central content area. The left-hand menu lists various clinical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The central content area is titled 'Nervous-System' and features a 'TLOC Assessment' section. This section includes a 'Clinical pathways' dropdown menu with 'TLOC Syncope' selected. Below this, there are three questions with 'Yes' and 'No' buttons: 'Posture - prolonged standing?', 'Provoking factors - pain or medical procedure?', and 'Prodromal symptoms - sweating or feeling hot?'. A 'Comment' text field and a 'Time' field (showing '19/12/2014 12:45') are also present. At the bottom of the assessment section are 'OK' and 'Cancel' buttons. The interface also includes a 'Syncopse Free Text' field at the bottom. On the right side of the interface, there are buttons for 'New', 'Change', and 'Delete' for the selected pathway.



4.6.66 The **Convulsions** screen enables the clinician to document findings in relation to any convulsion or seizure activity. To access the assessment the clinician clicks on the **New** button.

The screenshot displays the Ortivus software interface for documenting convulsions. The top bar shows the 'Test Patient' tab and the time '12:46'. The main area is titled 'Nervous-System' and features a horizontal tabbed interface with the following categories: Stroke, TIA, Cranial Nerves, Visual, Sensory, TLOC, Convulsions (highlighted), Headache, and Other. On the right side of the main area, there is a 'New' button, a 'Change' button, navigation arrows, a counter showing '0/0', and a 'Delete' button. The left sidebar contains a list of clinical categories: Priority, General, Cardiac-vascular, Incident, Respiratory, Primary Survey, Gastro-intestinal, Vital Signs, Obs & Gynae & Maternity, Status/History, Nervous System, Muscu-skeletal, Secondary Survey, Mental Health, Drug Inter-vention, Exclusion/Contrain-dication, Treatment, and Discharge.



4.6.67 The **Convulsions** assessment enables the clinician to enter details relating to the duration of any convulsion via the **clock symbol** buttons. Additional Free Text fields are also provided to capture data not collected elsewhere.

The screenshot displays the Ortivus software interface for a patient assessment. The main window is titled "Test Patient" and shows a "Nervous-System" assessment. The "Convulsions" tab is selected, and a "Convulsions" dialog box is open. The dialog box contains the following fields and buttons:

- Duration**: "Duration From" and "Duration To" fields, each with a clock icon button.
- Number in last 24 hours**: A numeric input field with minus and plus buttons.
- Post Ictal Symptoms**: "Yes" and "No" buttons.
- Post Ictal Symptoms Free Text**: A text input field.
- Time**: A date and time input field showing "19/12/2014 12:46" with a clock icon button.
- Febrile Convulsion**: "Yes" and "No" buttons.
- Previous Febrile Convulsion**: "Yes" and "No" buttons.
- Febrile Convulsion Free Text**: A text input field.
- Buttons**: "OK" (green checkmark) and "Cancel" (red X) buttons at the bottom.

The background interface shows a sidebar with various assessment categories (Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, Discharge) and a top navigation bar with tabs for different conditions (Stroke, TIA, Cranial Nerves, Visual, Sensory, TLOC, Convulsions, Headache, Other). The "Convulsions" tab is currently active.



4.6.68 Should the clinician be called to a patient presenting with a **Headache**, various fields are provide to assist the clinician in undertaking a structured assessment. These questions combine Yes, No functionality and also capture duration and a final **Free Text** field to allow for the capture of data not entered elsewhere.

4.6.69 Some questions such as **worst headache ever**, **neck stiffness** may support identification of Meningitis or headache suggestive of cranial bleed and should be considered along with other findings when determining the final care plan.

The screenshot shows the 'ortivus' clinical assessment interface. The top bar includes the 'ortivus' logo, a 'Test Patient' button, and a clock showing '12:47'. The main interface is divided into a left sidebar with categories like Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main area is titled 'Nervous-System' and features a tabbed interface with options: Stroke, TIA, Cranial Nerves, Visual, Sensory, TLOC, Convulsions, Headache (selected), and Other. Below the tabs, a series of questions are presented with 'Yes' and 'No' buttons. The questions are: 'Was Patient's headache of sudden onset?', 'Described as worst headache ever?', 'Persistent worsening headache?', 'Worse on stooping, straining or lying?', 'Is neck stiffness present?', 'Does Patient have persistent vomiting?', 'Has Patient suffered recent head trauma?', 'Has Patient a diagnosis of migraine?', and 'Does Patient have periods of dizziness?'. At the bottom, there are fields for 'Onset Time', 'Duration (hours)' (with a '-' and '+' button), and a 'Free Text' field.

Category	Question	Yes	No
Primary Survey	Was Patient's headache of sudden onset?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Vital Signs	Described as worst headache ever?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Status/History	Persistent worsening headache?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Secondary Survey	Worse on stooping, straining or lying?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Drug Intervention	Is neck stiffness present?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Treatment	Does Patient have persistent vomiting?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Discharge	Has Patient suffered recent head trauma?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
	Has Patient a diagnosis of migraine?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
	Does Patient have periods of dizziness?	<input type="button" value="Yes"/>	<input type="button" value="No"/>

Onset Time:

Duration (hours):  -  +

Free Text:



4.6.70 The **Other** screen enables the clinician to capture in a free text format, data relating to the patient neurological status that is not captured elsewhere.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The main window is titled 'Nervous-System' and features a 'Guide' button with a double arrow icon. A horizontal tab bar at the top of the main area includes 'Stroke', 'TIA', 'Cranial Nerves', 'Visual', 'Sensory', 'TLOC', 'Convulsions', 'Headache', and 'Other'. The 'Other' tab is currently selected. On the left side, a vertical menu lists various clinical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. Under the 'Status/History' category, a sub-menu lists 'General', 'Cardio-vascular', 'Respiratory', 'Gastro-intestinal', 'Obs & Gynae & Maternity', 'Nervous System', 'Musculo-skeletal', 'Mental Health', and 'Exclusion/Contraindication'. The 'Nervous System' sub-menu item is selected, and the main area displays a large yellow 'Free Text' input field for recording patient data.





4.6.71 The **Musculoskeletal** screens have a number of tertiary tabs that enable the clinician to document findings associated with a detailed assessment of the patient's musculo-skeletal system. This includes **C Spine**, general **Assessment**, **Lower Leg Assessment**, **Soft Tissue Assessment** and information relating to any patient who has suffered a **Fall**.

The screenshot displays the 'ortivus' software interface for a 'Test Patient'. The main window is titled 'Musculoskeletal' and features a sidebar on the left with various clinical categories. The 'C-Spine Assessment' tab is selected, showing a form with fields for 'Pathway type', 'Comment', and 'Pathway status'. A 'New' button is visible on the right side of the form. The top right corner shows the time '12:48'.

ortivus Test Patient 12:48

General Musculoskeletal

C-Spine Assessment

Pathway type

Comment

Pathway status

New

Change

< >

0/0

Delete



4.6.72 The **C-Spine Assessment**, accessed via the **New** button provides the clinician with an electronic version of the Canadian C Spine tool. This will provide guidance to the clinician to support the decision making process.

The screenshot shows the 'ortivus' clinical pathway interface. On the left is a vertical navigation menu with categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. Each category has sub-items: General, Cardiorespiratory, Respiratory, Gastro-intestinal, Obs & Gynae & Maternity, Nervous System, Musculoskeletal, Mental Health, and Exclusion/Contraindication. The 'Musculoskeletal' section is active, showing 'C-Spine Assessment' as the selected pathway. The main window displays the 'Clinical pathways' for 'CSpineAssessment'. It includes a 'New' button, a 'Change' button, and a 'Delete' button. The 'Indications' section asks 'Are there indications for C-Spine injury?' with 'Yes' and 'No' buttons. Below this, the 'Over 65' section asks 'Is patient over 65?' and 'Was a dangerous mechanism involved in the injury (eg Fall over 3 ft/5 stairs, Axial load to head eg diving, RTC over 70 mph, rollover, ejection, Motorised recreational vehicle, Bicycle struck or collision)?' with 'Yes' and 'No' buttons. A 'Comment' field is present, followed by a 'Time' field showing '19/12/2014 12:48'. At the bottom are 'OK' and 'Cancel' buttons.

ortivus Test Patient 12:48

General Musculoskeletal

C-Spine Assessment

C-Spine Assessment

Pathway type

Comment

Pathway status

Clinical pathways

CSpineAssessment

Indications

Are there indications for C-Spine injury? Yes No

Proceed to Over 65

Over 65

Is patient over 65? Yes No

Was a dangerous mechanism involved in the injury (eg Fall over 3 ft/5 stairs, Axial load to head eg diving, RTC over 70 mph, rollover, ejection, Motorised recreational vehicle, Bicycle struck or collision)? Yes No

Is Paraesthesia evident in extremities? Yes No

Comment

Time

19/12/2014 12:48

OK Cancel

New Change 0/0 Delete



4.6.73 The clinician is directed through a series of questions each section dependant on the answers provided in the previous section. The **C-Spine Assessment** will support and document the decision making process prompting the clinician to immobilise the patient based on the Canadian C Spine rules. The functionality also allows for the capture of additional information using the free text Comment field.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The left sidebar contains a vertical menu with categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. Under 'Status/History', the 'Musculoskeletal' section is expanded, showing sub-options: General, C-Spine, Respiratory, Gastro-intestinal, Obs & Gynae & Maternity, Nervous System, Musculoskeletal, Mental Health, and Exclusion/Contraindication. The 'C-Spine' option is selected, leading to the 'C-Spine Assessment' window. This window has a 'Clinical pathways' tab and a 'CSpineAssessment' sub-tab. It contains a series of questions with 'Yes' and 'No' buttons: 'Simple Rear End RTC?' (Yes/No), 'Patient ambulatory at any time?' (Yes/No), 'Patient has delayed onset of neck pain?' (Yes/No), and 'Patient has absence of mid-line C-Spine tenderness?' (Yes/No). Below these is a 'Proceed to Neck Rotation' button. The 'Neck Rotation' section asks 'Is the Patient able to actively rotate their neck to 45 degrees left and right?' (Yes/No) and includes an 'Immobilise patient' checkbox. At the bottom, there is a 'Comment' text field, a 'Time' field showing '19/12/2014 12:48', and 'OK' and 'Cancel' buttons. On the right side of the interface, there are buttons for 'New', 'Change', '<', '>', '0/0', and 'Delete'.



4.6.74 A general musculo-skeletal assessment can be accessed via the **Assessment** tab. To access the data fields the clinician clicks on the **New** button.

The screenshot displays the 'ortivus' software interface for a 'Test Patient'. The top navigation bar includes a 'Guide' button and a clock showing '12:49'. The main interface is divided into a left-hand menu and a central content area. The left-hand menu lists various clinical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. Each category has a sub-menu with specific assessment areas. The 'Status/History' category is currently selected, and the 'Musculoskeletal' sub-menu is active. The central content area displays the 'Musculoskeletal' assessment form, which includes tabs for 'C-Spine', 'Assessment', 'Lower Leg Assessment', 'Soft Tissue Assessment', and 'Falls'. The 'Assessment' tab is selected, showing a 'General Assessment' section with a list of questions and a 'New' button. The questions include: 'Affected Area', 'Sensory impairment?', 'Loss of sensation distal to injury?', 'Paraesthesia Present?', 'Free Text', 'Distal pulse present?', 'Circulatory Impairment', 'Circulatory Impairment Free Text', 'Range of movement reduced?', 'Fracture suspected?', 'Open?', 'Closed?', 'Dislocation suspected?', and 'Assessment Free Text'. The 'New' button is located in the top right corner of the assessment form, and a 'Delete' button is located in the bottom right corner.

Category	Sub-category	Assessment Item
Status/History	Musculoskeletal	General Assessment
		Affected Area
		Sensory impairment?
		Loss of sensation distal to injury?
		Paraesthesia Present?
		Free Text
		Distal pulse present?
		Circulatory Impairment
		Circulatory Impairment Free Text
		Range of movement reduced?
Treatment	Fracture suspected?	Open?
		Closed?
		Dislocation suspected?
		Assessment Free Text



4.6.75 The clinician can select the affected area(s) from a multi select **Affected Area** field by clicking on the **white finger symbol**. Additional information can then be recorded, detailing the **Sensory** and **Circulatory** impact of the injury, along with an assessment of the **Range of Movement**.

4.6.76 An additional **Assessment Free Text** field is also provided to allow for the capture of any data not entered elsewhere.

ortivus Test Patient 12:49

**General Assessment**

**Affected Area**  
[White finger symbol]

**Sensory impairment?**  
Yes No

**Loss of sensation distal to injury?**  
Yes No

**Paraesthesia Present?**  
Yes No

**Free Text**  
[Text field]

**Distal pulse present?**  
Yes No

**Assessment Free Text**  
[Text field]

**Time**  
19/12/2014 12:49

**Circulatory Impairment**  
Yes No

**Circulatory Impairment Free Text**  
[Text field]

**Range of Movement**  
Range of movement reduced? Yes No

**Fracture suspected?**  
Yes No

**Open?**  
Yes No

**Closed?**  
Yes No

**Dislocation suspected?**  
Yes No

OK Cancel



4.6.77 A structured assessment of **Lower Leg Injuries** for **Ankle**, **Foot** and **Knee** are provided by clicking the appropriate **New** button. These assessments help determine whether x-ray would be advised.

Ortivus Test Patient 12:50

General Musculoskeletal

Cardiovascular C-Spine Assessment Lower Leg Assessment Soft Tissue Assessment Falls

Incident Respiratory Ankle Assessment

Primary Survey Gastro-intestinal Pathway type

Vital Signs Obs & Gynae & Maternity Comment

Status/History Nervous System Pathway status

Secondary Survey Musculoskeletal Foot Assessment

Drug Intervention Exclusion/Contraindication

Treatment

Discharge Knee Assessment

New Change < > 0/0 Delete



4.6.78 The **Ankle Assessment** provides the clinician with a series of questions, each created to highlight areas of clinical concern. A **Yes** for any of the questions would indicate that an x-ray may be required to rule out boney injury. An additional free text field is available under **Comment** to capture any other findings not captured elsewhere.

The screenshot displays the 'ortivus' software interface for a 'Test Patient'. The main window is titled 'Musculoskeletal' and features a sidebar with various clinical categories. The 'Ankle Assessment' form is active, showing a 'Clinical pathways' section with a 'Yes/No' grid for specific questions. A 'Comment' field and a 'Time' field are also visible. The interface includes navigation buttons like 'New', 'Change', and 'Delete' on the right side.

**ortivus** Test Patient 12:50

**General Musculoskeletal**

**C-Spine Assessment Lower Leg Assessment Soft Tissue Assessment Falls**

**Ankle Assessment**

Pathway type  
Comment  
Pathway status

**Clinical pathways**

**AnkleAssessment**

**Ankle Assessment**

Pain in the Malleolar Zone? Yes No

Bony tenderness in posterior edge of Lateral Malleolus? Yes No

Bony tenderness in posterior edge of Medial Malleolus? Yes No

Unable to weight bear (4 steps)? Yes No

**Comment**

**Time** 19/12/2014 12:50

OK Cancel

**Foot Assessment**

Pathway type  
Comment  
Pathway status

**Knee Assessment**

Pathway type

New Change 0/0 Delete New Change 0/0 Delete New





4.6.79 The **Foot Assessment** provides the clinician with a series of questions, each created to highlight areas of clinical concern. A **Yes** for any of the questions would indicate that an x-ray may be required to rule out boney injury. An additional free text field is available under **Comment** to capture any other findings not captured elsewhere.

The screenshot displays the 'ortivus' clinical pathway software interface. The top bar shows 'Test Patient' and the time '12:51'. The left sidebar lists various clinical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main area is titled 'Musculoskeletal' and contains several assessment tabs: C-Spine, Assessment, Lower Leg Assessment, Soft Tissue Assessment, and Falls. The 'Assessment' tab is active, showing a 'Foot Assessment' form. The form includes a 'Clinical pathways' section with a 'FootAssessment' pathway selected. Below this, there are four questions with 'Yes' and 'No' buttons: 'Pain in the Malleolar Zone?', 'Boney tenderness in the base of the fifth Metatarsal?', 'Boney tenderness in the Navicular?', and 'Unable to weight bear (4 steps)?'. A 'Comment' text field and a 'Time' dropdown menu (set to '19/12/2014 12:50') are also present. At the bottom of the form are 'OK' and 'Cancel' buttons. On the right side of the interface, there are buttons for 'New', 'Change', and 'Delete' for the selected pathway, along with a '0/0' indicator.



4.6.80 The **Knee Assessment** provides the clinician with a series of questions, each created to highlight areas of clinical concern. A **Yes** for any of the questions would indicate that an x-ray may be required to rule out boney injury. An additional free text field is available under **Comment** to capture any other findings not captured elsewhere.

The screenshot displays the 'ortivus' clinical pathway software interface. The main window is titled 'Test Patient' and shows a 'Musculoskeletal' pathway. A 'Knee Assessment' dialog box is open, featuring a 'Clinical pathways' tab and a 'Knee Assessment' section. The assessment includes four questions with 'Yes' and 'No' buttons: 'Age 55 years or older?', 'Tenderness at the head of Fibular?', 'Isolated tenderness of Patella?', and 'Inability to flex to 90 degrees?'. Below these is a 'Comment' field and a 'Time' field set to '19/12/2014 12:51'. The dialog box has 'OK' and 'Cancel' buttons at the bottom. The background interface shows a sidebar with various clinical categories and a main area with tabs for 'C-Spine', 'Assessment', 'Lower Leg Assessment', 'Soft Tissue Assessment', and 'Falls'.



4.6.81 The **Soft Tissue Assessment** provides the clinician with an opportunity to document the assessment of any soft tissue injuries. The clinician accesses the data fields by clicking the **New** button. Multiple assessments can be entered simply by creating a new assessment by clicking the **New** button to open up the data fields as required.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The top navigation bar includes a 'Guide' button and a clock showing '12:52'. The main interface is divided into a left-hand menu and a central content area. The left-hand menu lists various clinical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. Each category has sub-options: General, Cardiovascular, Respiratory, Gastro-intestinal, Obs & Gynae & Maternity, Nervous System, Musculoskeletal, Mental Health, and Exclusion/Contraindication. The 'Musculoskeletal' category is currently selected. The central content area displays the 'Soft Tissue Assessment' form. At the top of this form are tabs for 'C-Spine', 'Assessment', 'Lower Leg Assessment', 'Soft Tissue Assessment' (which is active), and 'Falls'. Below the tabs, the form contains several data fields: 'Swelling?', 'Contusion?', 'Soft Tissue Free Text', 'Wound Type', 'Wound Location', 'Wound Size (cm)', 'Foreign Body Involvement', and 'Wound other'. On the right side of the form, there are buttons for 'New', 'Change', '<', '>', '0/0', and 'Delete'.



4.6.82 The **Soft Tissue Assessment** captures data relating to **Swelling** and **Contusion**. It also has free text fields to capture details of any **Wounds** and **Foreign Bodies**.

ortivus Test Patient 12:53

Priority General Musculoskeletal

Cardio-vascular C-Spine Assessment

Incident Respiratory

Primary Survey Gastro-intestinal

Vital Signs Obs & Gynae & Maternity

Status/History Nervous System

Secondary Survey Musculoskeletal

Drug Intervention Exclusion/Contraindication

Treatment

Discharge

**Soft Tissue Assessment**

Soft Tissue Swelling? Yes No Contusion? Yes No

Soft Tissue Free Text

Wound Type Abrasion Incised Laceration Puncture Gunshot

Wound Location

Wound Size (cm) - +

Foreign Body Involvement Yes No

Wound other

Time 19/12/2014 12:53

OK Cancel

New Change 0/0 Delete



4.6.83 The **Falls** screen enables the clinician to enter details relevant to any patient who has suffered a fall. This includes data fields designed to capture the nature of the **Fall**, whether this has impacted on the patients ability to **Weight Bear** and **Mobilise**.

4.6.84 The Falls screen also captures information relevant to the **Falls Risk Assessment**.

ortivus Test Patient 12:53

General Musculoskeletal

Cardiovascular C-Spine Assessment Lower Leg Assessment Soft Tissue Assessment Falls

Incident Respiratory Fall from Height? Yes No

Primary Survey Gastro-intestinal Free Text

Vital Signs Obs & Gynae & Maternity Is Patient weight bearing? Yes No

Status/History Nervous System Patient Mobilisation

Musculoskeletal Is Patient able to mobilise without assistance? Yes No

Secondary Survey Mental Health Is Patient able to mobilise with assistance? Yes No

Drug Intervention Exclusion/Contraindication Mobilisation Free Text

Treatment Falls Risk Assessment

Discharge Has Patient fallen in past 12 months? Yes No

If Yes how many?

Does Patient take four or more medications per day?



4.6.85 In many areas Falls teams will have referral processes in place to support patients and put in place measures to prevent further falls. Information captured here is used to populate the Falls Referral form and is therefore vital to complete the holistic care for the patient. Data fields are available in Yes, No format and there is also a Falls **Risk Assessment Free Text** field to capture information not provided elsewhere.

ortivus Test Patient 12:53

General Musculoskeletal Guide <<

Cardiovascular C-Spine Assessment Lower Leg Assessment Soft Tissue Assessment Falls

Incident Respiratory If Yes how many?

Primary Survey Gastro-intestinal Does Patient take four or more medications per day?

Vital Signs Obs & Gynae & Maternity Does Patient have diagnosis Stroke or Parkinson's Disease?

Status/History Nervous System Does Patient have pre-existing problem with balance?

Musculoskeletal Does Patient have difficulty rising from chair without using their arms?

Secondary Survey Mental Health Does Patient have pre-existing diagnosis of Osteoporosis?

Drug Intervention Exclusion/Contraindication Has Patient had previous fractures?

Treatment Was fall related to alcohol/drug abuse?

Discharge Falls Risk Assessment Free Text



4.6.86 The **Mental Health** screen allows the clinician to enter details for those patients known to have a mental health condition and for those who present with suicide and or self harm.

4.6.87 Details of any diagnosed condition can be entered in free text format within the **Mental Health Condition Free Text field**.

4.6.88 If the patient is being **Restrained**, details of the method used and rationale should be recorded within the appropriate Free Text field.

4.6.89 The **Suicide and Self Harm Risk Assessment** can be accessed by clicking the **Change** button.

ortivus Test Patient 12:54

**Mental Health**

General: Does patient have clinical diagnosis of Mental Health Condition  
Buttons: Yes, No, Unknown

Cardio-vascular: Mental Health Condition Free Text

Respiratory: Is Patient being conveyed under Mental Health Act?  
Buttons: Yes, No

Gastro-intestinal: If Yes, under which Section of the MHA are they being conveyed?  
Dropdown menu

Primary Survey: Nervous System

Vital Signs: Muscu-loskeletal

Status/History: Is Patient being restrained?  
Buttons: Yes, No

Secondary Survey: Free Text

Drug Intervention: Exclusion/Contraindication  
Buttons: Yes, No

Treatment:

Discharge:

**Suicide & Self Harm Risk Assessment**  
Gender? Below 19 Above 45 Depression Self harm Alcohol/Drugs  
Rational Absent Relations Organised Loneliness Determination Total  
Buttons: Change, Normal

Guide <<





4.6.90 Once opened the **Suicide and Self Harm Risk Assessment** can be used to calculate the relative risk of suicide or self harm. The clinician answers the questions as below and clicks the relevant buttons. Once all questions are answered and **Ok** is clicked the relative risk is displayed.

ortivus test test (123 456 7890) 16:13

General **Mental Health** Guide <<

**Suicide & Self Harm Risk Assessment**

<b>Gender?</b>	<b>Below 19</b> Is age <19 years	<b>Above 45</b> Is age >45 years	<b>Depression</b> Depression/Hopelessness
<input type="radio"/> Female	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No
<input checked="" type="radio"/> Male	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> Yes
<b>Self harm</b> Previous attempts at self harm?	<b>Alcohol/Drugs</b> Evidence of excess alcohol/illicit drug use?	<b>Rational Absent</b> Rational thinking absent?	<b>Relations</b> Separated/Divorced/Widowed?
<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No	<input type="radio"/> No
<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> Yes
<b>Organised</b> Organised or serious self harm?	<b>Loneliness</b> No close/reliable family, job or active religious affiliation?	<b>Determination</b> Determined to repeat or ambivalent?	
<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> No	
<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input checked="" type="radio"/> Yes	

OK Cancel

ortivus test test (123 456 7890) 16:12

General **Mental Health** Guide <<

**Does patient have clinical diagnosis of Mental Health Condition**

Yes No Unknown

**Mental Health Condition Free Text**

**Is Patient being conveyed under Mental Health Act?**

Yes No

**If Yes; under which Section of the MHA are they being conveyed?**

**Is Patient being restrained?**

Yes No

**Free Text**

**If Yes, is Patient being conveyed to Place of Safety?**

Yes No

**Suicide & Self Harm Risk Assessment**

<b>Gender?</b>	<b>Below 19</b>	<b>Above 45</b>	<b>Depression</b>	<b>Self harm</b>	<b>Alcohol/Drugs</b>	
1	1	1	1			
<b>Rational Absent</b>	<b>Relations</b>	<b>Organised</b>	<b>Loneliness</b>	<b>Determination</b>	<b>Total</b>	
1	1	0	1	1	8	

Change Normal

**Suicide or Self Harm Risk**

High risk



4.6.91 The **Exclusion/Contraindication** screen enables the clinician to enter details of any deviation from guidelines or contraindication in free text format.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The main window is titled 'Exclusion/Contraindication' and features a large yellow text area for free-form input. A secondary survey section is also visible. The left sidebar contains a list of clinical categories, with 'Secondary Survey' currently selected.

Category	Sub-category
Priority	General
Incident	Cardiovascular
	Respiratory
Primary Survey	Gastro-intestinal
Vital Signs	Obs & Gynae & Maternity
	Nervous System
Status/History	Musculoskeletal
	Mental Health
Secondary Survey	Exclusion/Contraindication
Drug Intervention	
Treatment	
Discharge	



## 4.7 Primary Tab – Drug Intervention

### 4.7.1 Administered Pre-Ambulance

- 4.7.2 The Administered Pre Ambulance screen enables the clinician to enter details of any medications that the patient has taken prior to ambulance arrival. This may be as a result of the **Patient Administered their own Medication** in free text format, or as a result of a **Health Care Professional Administered Medication** in free text format. This would include over the counter medications alongside prescribed medications such as GTN.

ortivus Test Patient 12:55

**Administered Pre-Ambulance**

Priority Administered Pre-Ambulance Patient Administered their own Medication Free Text

Incident Administered Time

Primary Survey Supplied

Vital Signs Exclusion/Contraindication Patient's Own Medication Dosage

Status/History Health Care Professional Administered Medication Free Text

Secondary Survey Time

Drug Intervention HCP Medication Dosage

Treatment

Discharge



4.7.3 The administration of multiple medications can be captured by clicking on the **New** button for each medication administered by the ambulance clinician.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The main window is titled 'Administered' and contains a 'Formulary' section with the following fields:

- Administered Formulary
- Other medication, specify
- Route of administration
- Unlisted Medication
- Amount Administered
- Dosage Oxygen Mechanism
- Unit
- Frequency
- Amount Destroyed
- Batch Number
- Given by Crew
- Given by (when out of signal)
- Verbal Order

On the right side of the form, there are several buttons: 'New', 'Change', '<' and '>' navigation buttons, '0/0', and 'Delete'. A 'Guide' button with a magnifying glass icon is also present in the top right corner of the form area.

The left sidebar contains the following menu items: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The 'Administered' menu item is currently selected.



4.7.4 The clinician can either scroll down the alphabetical list of ambulance medications or enter the drug or partial name in the **Search** field.

The screenshot shows the Ortivus Pharmaceuticals interface. The top bar includes the Ortivus logo, a 'Test Patient' tab, and the time '12:56'. The main area is divided into two panels. The left panel, titled 'Pharmaceuticals', contains a list of medications: Adrenaline 1:100,000, Adrenaline 1:10,000 (Cardiac Arrest), Adrenaline 1:10,000 (Post ROSC), Adrenaline 1:1,000, Amethocaine 0.5%, Amiodarone 300mg, Amiodarone 300mg in 250ml glucose 5%, Aspirin 300mg, Atropine 1mg in 5ml (200micrograms per ml), and Atropine 1mg in 5ml (CBRNE). Below this list is a 'Search' field with a red arrow pointing to it. The right panel contains several input fields: 'Route of administration', 'Unlisted Medication', 'Amount Administered', 'Dosage Oxygen Mechanism' (with a dropdown arrow), 'Unit' (with a dropdown arrow), 'Additional Comments', 'Presentation', and 'Frequency'. At the bottom of the interface, there is a 'Time' field showing '19/12/2014 12:56', a 'Guidelines' button, and 'OK' and 'Cancel' buttons.

4.7.5 Once the medication is selected, other data fields for route of administration, dosage and unit etc will pre-populate. **These fields can be overridden and pre-populate to support the clinician only. Any medication where a dose range can be given will pre-populate with the lowest dosage.**



- 4.7.6 The clinician must complete the **Administered** by section to comply with the legal requirement for all medication administrations to be authorised. When not in signal the clinicians 8 digit pin number must be entered in the **Given by (when out of signal)** field.
- 4.7.7 Should the clinician accept a **Verbal Order** for any medication (bearing in mind that no verbal order can be accepted for controlled drugs), a free text field is provided for details of the prescribing clinician who is providing authority for the administration.

Ortivus Test Patient 12:56

**Pharmaceuticals**

- Adrenaline 1:100,000
- Adrenaline 1:10,000 (Cardiac Arrest)
- Adrenaline 1:10,000 (Post ROSC)
- Adrenaline 1:1,000
- Amethocaine 0.5%
- Amiodarone 300mg
- Amiodarone 300mg in 250ml glucose 5%
- Aspirin 300mg**
- Atropine 1mg in 5ml (200micrograms per ml)
- Atropine 1mg in 5ml (CBRNE)

**Search**

**Administration Details**

- Presentation
- Frequency
- Amount Destroyed
- Batch Number
- Administered by
- Given by Crew
- Given by (when out of signal)
- Verbal Order

**Time** 19/12/2014 12:56

Guidelines OK Cancel



- 4.7.8 Should the clinician be supplying rather than administering any medication, the supply of multiple medications can be captured by clicking on the **New** button for each medication **Supplied** by the ambulance clinician.

ortivus Test Patient 12:57

Priority	Adminis-tered Pre-Ambulance	Supplied Formulas	<<
Incident	Adminis-tered	<input type="button" value="-"/>	<input type="button" value="New"/>
Primary Survey	Supplied	Administered Formulary	<input type="button" value="Change"/>
Vital Signs	Exclusion/Contrain-dication	Other medication, specify	<input type="button" value="0/0"/>
Status/History		Administration	<input type="button" value="Delete"/>
Secondary Survey		Amount Supplied	
Drug Inter-vention		Unit	
Treatment		Frequency	
Discharge		Batch number	
		Medication supplied by Crew	
		Medication supplied by Other	





4.7.9 The clinician can either scroll down the alphabetical list of ambulance medications or enter the drug or partial name in the **Search** field.

Ortivus Test Patient 12:57

**Pharmaceuticals**

Aciclovir 800mg  
Aerochamber (blue)  
Aerochamber and mask (yellow)  
Aerochamber and mask (orange)  
Amoxicillin 250mg  
Amoxicillin 500mg  
Amoxicillin 250mg in 5ml  
Aspirin 300mg (TIA Pack)  
Cetirizine 10mg  
Chloramphenicol 1%  
Chlorpheniramine 4mg (Pack)

**Search**

**Administration**

**Amount supplied**

**Unit**

**Additional Comments**

**Presentation**

**Frequency**

**Batch number**

**Supplied by**  
Medication supplied by Crew

Guidelines OK Cancel

4.7.10 Once the medication is selected, other data fields for route of administration, dosage and unit etc will pre-populate. **These fields can be overridden and pre-populate to support the clinician only. Any medication where a dose range can be given will pre-populate with the lowest dosage.**



4.7.11 The clinician must complete the **Supplied** by section to comply with the legal requirement for all supplied medication to be authorised. When not in signal the clinicians 8 digit pin number must be entered in the **Medication supplied by Other** field.

ortivus Test Patient 12:57

**Pharmaceuticals**

Aciclovir 800mg  
Aerochamber (blue)  
Aerochamber and mask (yellow)  
Aerochamber and mask (orange)  
Amoxicillin 250mg  
Amoxicillin 500mg  
Amoxicillin 250mg in 5ml  
Aspirin 300mg (TIA Pack)  
Cetirizine 10mg  
Chloramphenicol 1%  
Chlorphenamine 4mg (Pack)

**Search**

Unit  
Additional Comments  
Presentation  
Frequency  
Batch number

Supplied by  
Medication supplied by Crew  
Medication supplied by Other

Guidelines

OK Cancel



4.7.12 The **Exclusion/Contraindication** screen enables the clinician to enter details of any deviation from guidelines with regards medication.

4.7.13 The clinician can select a drop down list of medications using the **white finger symbol**. The clinician can then enter the **Rationale** for deviation or provide details of any exclusion or contraindication in free text format.

The screenshot displays the Ortivus software interface for a 'Test Patient'. The top bar shows the 'ortivus' logo, 'Test Patient', and the time '12:58'. A vertical sidebar on the left contains navigation buttons: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main content area is titled 'Exclusion/Contraindication' and features a sub-header 'Exclusion/Contraindication Formulary' with a dropdown menu and a 'white finger' icon. Below this is a large text area labeled 'Rationale' for entering details.



## 4.8 Primary Tab – Treatment

### 4.8.1 Cardiac Screen

4.8.2 The **Cardiac** screen has a number of tertiary tabs which enable the clinician to capture details of any clinical intervention or treatment relating to cardiac events. These include **CPR** (Cardio-Pulmonary Resuscitation), **Ventilation**, **Defibrillation**, **ROSC** (Return of Spontaneous Circulation), **Resuscitation Stopped/Withheld**, **CoD** (Confirmation of Death) and **Pacing**.

4.8.3 The **CPR** screen enables the clinician to enter information relating to the management of a cardiac arrest. This screen combines drop down lists accessed via the down arrow button, simple **Yes**, **No** functionality, time fields and additional free text fields.

The screenshot displays the 'Cardiac' screen in the 'ortivus' system. The interface includes a sidebar on the left with categories like Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main area is titled 'Cardiac' and features a row of tabs: CPR, Ventilation, Defibrillation, ROSC, Resuscitation Stopped/Withheld, CoD, and Pacing. The 'CPR' tab is selected. Below the tabs, there are several input fields and buttons. The 'Cause of Arrest' field is a dropdown menu. The 'BLS/ILS/ALS prior to ambulance arrival' field has 'Yes' and 'No' buttons. The 'Place of Arrest' field is a dropdown menu. The 'Pre-cordial Thump' field has 'Yes' and 'No' buttons. The 'Cardiac Arrest Witnessed' field has 'Yes' and 'No' buttons. The 'Cardiac Arrest Time' field is a time input field. The 'Cardiac Arrest Witnessed by' field is a text input field. The 'Time Automated CPR device applied' field is a time input field. The 'Cardiac Arrest Time' field has a power button icon. The 'Cardiac Arrest Witnessed by' field has a power button icon. The 'Time Automated CPR device applied' field has a power button icon.



4.8.4 The **Ventilation** screen captures information relating to the use of **BVM** (Bag Valve Mask and or any other **Mechanical** ventilator).

ortivus Test Patient 12:59

Cardiac

Cardiac CPR Ventilation Defibrillation ROSC Resuscitation Stopped/Withheld CoD Pacing

Incident Advanced Airway BVM

Primary Survey Immobilisation Yes No

Vital Signs Musculoskeletal Mechanical Yes No

Status/History Burn Intervention Other

Secondary Survey Wound Care

Drug Intervention Haemorrhage Control

Treatment Respiratory

Discharge Critical Care

Thrombolysis

Catheterisation

Other Interventions



- 4.8.5 The **Defibrillation** screen captures information relating to the **Initial Arrest Rhythm** via drop down list and further details relating to the use of defibrillation, including number of shocks and associated timings.

ortivus Test Patient 12:59

Priority Cardiac CPR Ventilation Defibrillation ROSC Resuscitation Stopped/Withheld CoD Pacing

Incident Advanced Airway Initial Arrest Rhythm

Primary Survey Immobilisation Free Text

Vital Signs Musculoskeletal

Burn Intervention 1st shock delivered at

Status/History Wound Care 1st shock delivered by

Secondary Survey Haemorrhage Control Shock delivered by Other

Drug Intervention Respiratory Total number shocks

Critical Care

Treatment Thrombolysis

Discharge Catheterisation

Other Inter



- 4.8.6 The **RoSC** or Return of Spontaneous Circulation screen allows the clinician to enter whether RoSC has been achieved and whether it was subsequently lost or regained. An additional **Free Text** field is provided to capture any information relevant to the loss or capture of RoSC outside of initial timings. The clinician clicks on **New** to open the RoSC timings screen.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The top bar includes the 'ortivus' logo, 'Test Patient', and the time '13:00'. A 'Guide' button with a double arrow is on the right. The main interface is divided into a left sidebar and a central content area. The sidebar lists various clinical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The central area is titled 'Cardiac' and features a tabbed interface with tabs for CPR, Ventilation, Defibrillation, RoSC (currently selected), Resuscitation Stopped/Withheld, CoD, and Pacing. The 'RoSC' tab contains a 'New' button, a 'Change' button, and navigation arrows. Below these are fields for 'ROSC Time' and 'ROSC Time Lost'. A 'Free Text' field is located at the bottom of the RoSC section. The bottom of the sidebar shows a dropdown menu with 'Other Interventions' selected.





4.8.7 Once the RoSc screen is open the clinician uses the relevant time fields to capture **RoSc Time** and **Time Lost**.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The main window is titled 'Cardiac' and contains several tabs: CPR, Ventilation, Defibrillation, ROSC, Resuscitation Stopped/Withheld, CoD, and Pacing. The 'ROSC' tab is currently selected. On the left side, there is a vertical menu with categories like Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. Under 'Incident', there are sub-items: Advanced Airway, Immobilisation, Musculoskeletal, Burn Intervention, Wound Care, Haemorrhage Control, Respiratory, Critical Care, Thrombolysis, Catheterisation, and Other Interventions. The main content area of the 'ROSC' tab has fields for 'ROSC' (a dropdown menu), 'ROSC Time', and 'ROSC Time Lost'. A 'Free Text' area is also present. A modal dialog box is open in the center, titled 'ROSC', with buttons for 'Yes' and 'No'. Below these are input fields for 'ROSC Time' and 'ROSC Time Lost', each with a clock icon. At the bottom of the dialog are 'OK' and 'Cancel' buttons. On the right side of the main window, there are buttons for 'New', 'Change', '<', '>', '0/0', and 'Delete'. The top right corner shows the time '13:00'.



- 4.8.8 The **Resuscitation Stopped/Withheld** screen captures data relevant to the cessation of resuscitative efforts. Most data fields are simple Yes, No or Time capture fields.
- 4.8.9 The **Resuscitation** Box allows the clinician to document information related to the requirement to withhold or continue resuscitation. The clinician clicks on the **New** button to open this tool.

The screenshot shows the 'ortivus' software interface for a 'Test Patient' at 13:00. The main window is titled 'Cardiac' and features a tabbed interface with the following tabs: CPR, Ventilation, Defibrillation, ROSC, Resuscitation Stopped/Withheld (selected), CoD, and Pacing. On the left, a vertical sidebar lists various clinical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The 'Resuscitation Stopped/Withheld' tab contains several data entry fields: 'Resuscitation Stopped' (Yes/No buttons), 'Resuscitation Stopped Time' (text field with a clock icon), 'Resuscitation Withheld' (Yes/No buttons), 'Resuscitation Withheld Time' (text field with a clock icon), 'Resuscitation Free Text' (text area), 'Expected Death' (Yes/No buttons), 'Date last Seen by GP' (text field with a clock icon), and 'Valid DNAR/ADRT/TEP/AND' (Yes/No buttons). On the right side of the main window, there is a 'Resuscitation' box with a dropdown menu (currently showing '-'), 'Pathway type', 'Comment', and 'Pathway status' fields. To the right of this box are buttons for 'New', 'Change', '<', '>', '0/0', and 'Delete'. A 'Guide' button with a magnifying glass icon is located in the top right corner of the main window.



4.8.10 The **Resuscitation** box provides the clinician with a list of questions with **Yes**, **No** answers, any **Yes** would constitute a sufficient rationale to withhold resuscitation and this will be displayed as below.

The screenshot shows the Cortivus software interface for a 'Test Patient'. The 'Resuscitation' clinical pathway is active, displaying a list of questions with 'Yes' and 'No' buttons. A red arrow points to the 'Withhold Resuscitation' button at the bottom of the list. The interface includes a sidebar with various clinical categories and a main panel with a 'Comment' field and a 'Time' field.

Question	Yes	No
Decapitation?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Massive Cranial/Cerebral destruction?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Hemicorporectomy?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Decomposition/Putrefaction	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Incineration?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Foetal Maceration?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Hypostasis?	<input type="button" value="Yes"/>	<input type="button" value="No"/>
Rigormortis?	<input checked="" type="button" value="Yes"/>	<input type="button" value="No"/>
Withhold Resuscitation	<input type="button" value="OK"/>	<input type="button" value="Cancel"/>



4.8.11 The **CoD** or Confirmation of Death screen enables the clinician to capture details relevant to the verification or Confirmation of Death.

4.8.12 Data fields are provide to capture the time of confirmation and the clinician who has verified the death. Data fields are also provided to ensure that details of the scene in relation to the patients body and or possessions can be captured, either in **Yes, No** format or in the **CoD Free Text** field provided.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The top bar includes the 'ortivus' logo, the patient name 'Test Patient', and the time '13:01'. A 'Guide' button is visible in the top right corner.

The main interface is divided into a left sidebar and a central content area. The sidebar lists various clinical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. Each category has a dropdown menu with specific options: Cardiac (CPR, Ventilation, Defibrillation, ROSC, Resuscitation Stopped/Withheld, CoD, Pacing), Advanced Airway, Immobilisation, Musculoskeletal, Burn Intervention, Wound Care, Haemorrhage Control, Respiratory, Critical Care, Thrombolysis, and Catheterisation.

The central content area is titled 'Cardiac' and displays the 'CoD' (Confirmation of Death) screen. It features several sections with input fields and buttons:

- Confirmation of Death:** Includes a 'Time' field and a 'Confirmation of Death By' field.
- Police Notified:** Includes a 'Yes/No' button and a 'Police Notified Time' field.
- Recognition of Death:** Includes a 'Pathway type' field, a 'Comment' field, and a 'Pathway status' field.
- CoD Scene:** Includes three 'Yes/No' buttons: 'Has the Patient's body been moved?', 'Have other items been moved?', and 'Has the GP been informed?'.
- CoD Free Text:** A large text area for free-form notes.
- Patient Left in the Care of:** A text area for the name of the person taking care of the patient.

Navigation buttons are located on the right side of the 'Recognition of Death' section: 'New', 'Change', '<', '>', '0/0', and 'Delete'.



4.8.13 In order to confirm death the clinician must click on the **New** button within the **Recognition of Death** box and work through the checklist provided. The clinician will be taken through the required questions and exclusions for confirmation prior to being given confirmation or otherwise.

The screenshot displays the 'ortivus' clinical pathways interface. A red arrow points to the 'New' button in the 'Recognition of Death' section. The interface includes a sidebar with various clinical categories, a main content area with a checklist, and a bottom section for comments and time.

**ortivus** Test Patient 13:02

**Cardiac**

**Clinical pathways**

**RecognitionOfDeath**

**Confirmation of Death**

Absent heart sound?

Asystole over 30 seconds?

Proceed to Exclusion

**Exclusion**

Pregnancy?

Drowning/submersion (adult under 60 mins, child under 90 mins)?

Hypothermia?

Overdose?

Confirm recognition of death

**Comment**

Time 19/12/2014 13:01



4.8.14 Should the clinician be able to carry out **Pacing**, this screen allows for the capture of information relating to the **Rate**, **Joule Setting** and **Time Commenced**. A **Free Text** field is also available which can be used for the captured of rationale, complications etc.

The screenshot displays the Ortivus software interface for a 'Test Patient'. The top bar shows the 'ortivus' logo, 'Test Patient', and the time '13:02'. The main interface is divided into a sidebar and a main content area.

**Sidebar (Left):**

- Priority
- Incident
- Primary Survey
- Vital Signs
- Status/History
- Secondary Survey
- Drug Intervention
- Treatment
- Discharge

**Main Content Area (Right):**

- Cardiac** (Selected)
- Cardiac** (Sub-category)
- CPR** (Selected)
- Ventilation**
- Defibrillation**
- ROSC**
- Resuscitation Stopped/Withheld**
- CoD**
- Pacing** (Selected)
- Rate** (Field)
- Joule Setting** (Field)
- Commenced** (Field)
- Free Text** (Field)

The 'Pacing' sub-category is selected, and the 'Rate', 'Joule Setting', 'Commenced', and 'Free Text' fields are visible. The 'Free Text' field is a large text area for capturing rationale or complications.



4.8.15 Should the clinician be trained and competent in the use of surgical airway intervention and wish to record this, the **Surgical Airway** screen has a number of data fields, many of which are in free text format to capture the intervention, **Name of Clinician** performing this and details of **Rationale**, **Technique** and **Complications**.

ortivus Test Patient 13:02

**Advanced Airway**

Cardiac **Surgical Airway** Cricothyroidotomy

Incident Advanced Airway **Intervention Successful** Indication

Primary Survey Immobilisation Yes No Primary Failed Intubation

Musculoskeletal **Name of Clinician** Indication Rationale

Vital Signs Burn Intervention Time Technique Used

Status/History Wound Care Complications

Secondary Survey Haemorrhage Control Surgical Airway Free Text

Drug Intervention Respiratory Critical Care

Treatment Thrombolysis

Discharge Catheterisation Other Interventions





4.8.16 Should the clinician be trained and competent in the use of needle Cricothyroidotomy intervention and wish to record this, the **Cricothyroidotomy** screen can be used to capture this data. The clinician clicks on the **New** button to enter the date fields.

The screenshot shows the Ortivus software interface for recording a Cricothyroidotomy. The top bar includes the Ortivus logo, a 'Test Patient' tab, and a clock showing 13:03. The main interface is divided into a left-hand menu and a central data entry area. The menu categories include Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. Under the 'Advanced Airway' section, the 'Cricothyroidotomy' tab is selected. The central area contains a table with the following fields: Intervention Attempted, Intervention Successful, Name of Clinician, Time, Indication Rationale, Technique/Equipment Used, Complications, and Cricothyroidotomy Free Text. On the right side of the table, there are buttons for 'New', 'Change', '<', '>', '0/0', and 'Delete'.

Category	Sub-category	Field
Priority	Cardiac	
	Surgical Airway	
Incident	Advanced Airway	-
	Immobili-	Intervention Attempted
Primary Survey	isation	Intervention Successful
	Muscu-	Name of Clinician
Vital Signs	loskeletal	Time
	Burn Inter-	Indication Rationale
Status/History	vention	Technique/Equipment Used
	Wound Care	Complications
Secondary Survey	Hae-	Cricothyroidotomy Free Text
	morrhage Control	
Drug Intervention	Respiratory	
	Critical Care	
Treatment	Thrombolysis	
	Catheterisation	
Discharge	Other Inter-	



4.8.17 The **Cricothyroidotomy** screen has a number of data fields, many of which are in free text format to capture the intervention, **Name of Clinician** performing this and details of **Rationale**, **Technique** and **Complications**.

ortivus Test Patient 13:03

Advanced Airway

Cardiac Surgical Airway Cricothyroidotomy

Incident Advanced Airway -

Primary Survey Immobilisation Intervention Attempted Intervention Successful Name of Clinician Time

Vital Signs Burn Intervention Time Indication Rationale

Status/History Wound Care Technique/Equipment Used

Secondary Survey Haemorrhage Control Complications Cricothyroidotomy Free Text

Drug Intervention Respiratory

Treatment Critical Care

Discharge Thrombolysis

Catheterisation

Other Inter

**Cricothyroidotomy**

Intervention Attempted Yes No Indication Rationale

Intervention Successful Yes No Technique/Equipment Used

Name of Clinician Complications

Time Cricothyroidotomy Free Text

Time 19/12/2014 13:03

OK Cancel



4.8.18 The **Immobilisation** screen has multiple tertiary tabs, all used to capture data relevant to specific immobilisation techniques and or equipment.

4.8.19 The **Cervical Collar** screen allows the clinician to document the Application of a collar and the relevant timings. The removal or loosening of a collar is now supported when clinically appropriate so an additional free text field is provided to capture the **Rationale** behind this decision.

The screenshot shows the Ortivus Cervical Collar screen. The interface includes a top bar with the Ortivus logo, a 'Test Patient' tab, and a clock showing 13:04. The main area is divided into a left sidebar with various clinical categories and a central form area. The 'Incident' category is selected, showing a 'Cervical Collar' tab. The form area contains fields for 'Collar Applied' (Yes/No), 'Time', 'Loosened or Removed' (Yes/No), 'Time', and 'Rationale'. The 'Rationale' field is a large text area for documenting the decision.

Category	Sub-category	Field/Option
Incident	Cardiac	Vacuum Mattress, Vacuum Splint, Traction Splint, Extrication, Other
	Advanced Airway	Cervical Collar, Pelvic Splint, Rescue Board, Scoop Stretcher
Primary Survey	Immobilisation	Collar Applied (Yes/No)
	Musculoskeletal	Time
Vital Signs	Burn Intervention	Loosened or Removed (Yes/No)
	Wound Care	Time
Secondary Survey	Hae-morrhage Control	Rationale
	Respiratory	
Drug Intervention	Critical Care	
	Thrombolysis	
Treatment	Catheterisation	
Discharge	Other Inter-	



4.8.20 The **Pelvic Splint** screen provides information to show the application of the pelvic splint and associated **Time**.

ortivus Test Patient 13:04

Priority **Immobilisation** Guide <<

Cardiac Vacuum Mattress Vacuum Splint Traction Splint Extrication Other

Incident Advanced Cervical Collar Pelvic Splint Rescue Board Scoop Stretcher

Primary Survey Airway Pelvic Splint Applied Yes No

Vital Signs Immobilisation Pelvic Splint by whom

Status/History Muscu- Time

Secondary Survey Wound Care

Drug Intervention Hae- morrhage Control

Treatment Respiratory

Discharge Critical Care

Thrombolysis

Cathete- risation

Other Inter-



4.8.21 The **Rescue Board** can be used as a device to support extrication and be used in conjunction with a vacuum mattress and also as an immobilisation device in its own right. This screen allows the clinician to document its use in both roles.

ortivus Test Patient 13:04

Priority **Immobilisation** Guide <<

Cardiac Vacuum Mattress Vacuum Splint Traction Splint Extrication Other

Incident Advanced Cervical Collar Pelvic Splint Rescue Board Scoop Stretcher

Airway Extrication Only

Primary Survey Immobilisation Yes No

Vital Signs Muscu-loskeletal Immobilisation Yes No

Status/History Burn Intervention Time

Secondary Survey Wound Care

Drug Intervention Haemorrhage Control

Treatment Respiratory

Discharge Critical Care

Thrombolysis

Catheterisation

Other Interventions



4.8.22 The **Scoop Stretcher** can be used as a device to support extrication and be used in conjunction with a vacuum mattress and also as an immobilisation device in its own right. This screen allows the clinician to document its use in both roles.

ortivus Test Patient 13:05

Priority ▲

Incident

Primary Survey

Vital Signs

Status/History

Secondary Survey

Drug Intervention

Treatment

Discharge

Immobilisation

Cardiac

Advanced Airway

Immobilisation

Musculoskeletal

Burn Intervention

Wound Care

Hae-morrhage Control

Respiratory

Critical Care

Thrombolysis

Catheterisation

Other

Vacuum Mattress

Vacuum Splint

Traction Splint

Extrication

Other

Cervical Collar

Pelvic Splint

Rescue Board

Scoop Stretcher

Extrication Only

Yes

No

Immobilisation

Yes

No

Time

Guide <<



4.8.23 The **Vacuum Mattress** screen simply captures its use and the time the patient was immobilised.

ortivus Test Patient 13:05

Priority

Incident

Primary Survey

Vital Signs

Status/History

Secondary Survey

Drug Intervention

Treatment

Discharge

Immobilisation

Cardiac

Advanced Airway

Immobilisation

Musculoskeletal

Burn Intervention

Wound Care

Hae-morrhage Control

Respiratory

Critical Care

Thrombolysis

Catheterisation

Other Inter

Cervical Collar

Pelvic Splint

Rescue Board

Scoop Stretcher

Vacuum Mattress

Vacuum Splint

Traction Splint

Extrication

Other

Vacuum Mattress Applied

Yes

No

Time

Guide <<

responsive committed effective





4.8.24 The **Vacuum Splint** screen allows for the capture of multiple Vacuum Splints, in order to access data fields the clinician clicks the **New** button.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The top navigation bar includes a 'Priority' dropdown, a 'Test Patient' tab, and a '13:06' timestamp. Below this is a 'Guide' button with a double arrow icon. The main content area is titled 'Immobilisation' and features a horizontal menu with several options: 'Cervical Collar', 'Pelvic Splint', 'Rescue Board', 'Scoop Stretcher', 'Vacuum Mattress', 'Vacuum Splint' (highlighted), 'Traction Splint', 'Extrication', and 'Other'. On the left side, there is a vertical menu with categories: 'Incident', 'Primary Survey', 'Vital Signs', 'Status/History', 'Secondary Survey', 'Drug Intervention', 'Treatment', and 'Discharge'. Each category has a list of sub-items: 'Incident' (Cardiac, Advanced Airway), 'Primary Survey' (Immobilisation, Musculoskeletal), 'Vital Signs' (Burn Intervention), 'Status/History' (Wound Care), 'Secondary Survey' (Haemorrhage Control), 'Drug Intervention' (Respiratory, Critical Care), 'Treatment' (Thrombolysis), and 'Discharge' (Catheterisation, Other Inter). The main area displays 'Vacuum Splint Applied' with a '-' button, 'Time', and 'Distal Pulse'. On the right side, there are buttons for 'New', 'Change', '<', '>', '0/0', and 'Delete'.



4.8.25 The **Vacuum Splint** screen will appear as below, the clinician can then provide details for the limb immobilised by clicking the down arrow. The screen also enables the clinician to confirm that post immobilisation whether a **Distal Pulse** was present.

The screenshot shows the Ortivus software interface for patient care. The top bar includes the Ortivus logo, a 'Test Patient' tab, and the time '13:06'. The main interface is divided into a left sidebar with various clinical categories and a central workspace. The 'Immobilisation' category is selected, showing a list of options: Cardiac, Cervical Collar, Pelvic Splint, Rescue Board, Scoop Stretcher, Vacuum Mattress, Vacuum Splint, Traction Splint, Extrication, and Other. The 'Vacuum Splint' option is highlighted. A modal window titled 'Vacuum Splint' is open, containing the following fields and controls:

- Vacuum Splint Applied**: A dropdown menu with a downward arrow.
- Time**: A text input field with a clock icon.
- Distal Pulse**: Two buttons labeled 'Yes' and 'No'.
- Time**: A text input field showing '19/12/2014 13:06' with a clock icon.
- OK** and **Cancel** buttons at the bottom.

The left sidebar includes the following categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. Each category has a list of sub-options: Priority (Cardiac, Cervical Collar, Pelvic Splint, Rescue Board, Scoop Stretcher), Incident (Advanced Airway, Vacuum Mattress, Vacuum Splint, Traction Splint, Extrication, Other), Primary Survey (Immobilisation, Vacuum Splint Applied), Vital Signs (Musculoskeletal, Time, Distal Pulse), Status/History (Burn Intervention, Wound Care), Secondary Survey (Hemorrhage Control, Respiratory), Drug Intervention (Critical Care), Treatment (Thrombolysis), and Discharge (Catheterisation, Other Interventions).



4.8.26 The **Traction Splint** screen allows for the capture of multiple Traction Splints, in order to access data fields the clinician clicks the **New** button.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The top right corner displays the time '13:06'. The main interface is divided into a left-hand navigation menu and a central content area. The navigation menu includes categories like Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge, each with a list of sub-items. The central content area is titled 'Immobilisation' and features a horizontal tab bar with options: Cervical Collar, Pelvic Splint, Rescue Board, Scoop Stretcher, Vacuum Mattress, Vacuum Splint, Traction Splint (which is currently selected), Extrication, and Other. Below the tabs, the 'Traction Splint' section shows a list of entries, with the first entry being 'Traction Splint Applied' at 'Time', with a 'Distal Pulse' field below it. On the right side of the content area, there are buttons for 'New', 'Change', and 'Delete', along with navigation arrows and a '0/0' indicator.



4.8.27 The **Traction Splint** screen will appear as below, the clinician can then provide details for the limb upon which traction has been applied by clicking the down arrow. The screen also enables the clinician to confirm that post traction whether a **Distal Pulse** was present.

The screenshot displays the 'ortivus' software interface for a 'Test Patient'. The top navigation bar includes a 'Guide' button and a clock showing '13:07'. The main interface is divided into a sidebar on the left and a central content area. The sidebar lists various clinical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The central content area is titled 'Immobilisation' and features a grid of tabs for different treatments: Cervical Collar, Pelvic Splint, Rescue Board, Scoop Stretcher, Vacuum Mattress, Vacuum Splint, Traction Splint (selected), Extrication, and Other. The 'Traction Splint' tab is active, showing a 'Traction Splint Applied' dropdown menu, a 'Time' field with a clock icon, and a 'Distal Pulse' section with 'Yes' and 'No' buttons. A 'Traction Splint' dialog box is open, prompting for 'Traction Splint Applied', 'Time', and 'Distal Pulse' status. The dialog box includes 'OK' and 'Cancel' buttons. The 'Distal Pulse' section shows 'Yes' and 'No' buttons. The 'Time' field shows '19/12/2014 13:07'.



4.8.28 The **Extrication** screen simply captures the use and the time the extrication device was applied.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The top right corner displays the time '13:07'. The main interface is divided into a left-hand menu and a central content area. The menu includes categories like Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The 'Incident' category is expanded, showing a list of medical interventions: Cardiac, Advanced Airway, Immobilisation, Musculoskeletal, Burn Intervention, Wound Care, Haemorrhage Control, Respiratory, Critical Care, Thrombolysis, Catheterisation, and Other Interventions. The 'Immobilisation' option is selected, leading to a sub-menu with various devices: Cervical Collar, Pelvic Splint, Rescue Board, Scoop Stretcher, Vacuum Mattress, Vacuum Splint, Traction Splint, Extrication, and Other. The 'Extrication' option is highlighted in pink. Below this, a section titled 'Extrication Device Applied' contains two buttons: 'Yes' and 'No'. The 'Yes' button is currently selected. Below this, a 'Time' field is visible with a clock icon. The main content area is a large blue rectangle.



4.8.29 The **Other** screen simply allows the clinician to document in free text format, any **Other Immobilisation** used but not documented elsewhere.

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The top right corner displays the time '13:08'. The main interface is divided into a sidebar on the left and a main content area on the right.

**Sidebar (Left):**

- Priority
- Incident
- Primary Survey
  - Immobilisation
- Vital Signs
- Status/History
- Secondary Survey
  - Respiratory
- Drug Intervention
  - Critical Care
- Treatment
  - Thrombolysis
- Discharge
  - Catheterisation

**Main Content Area (Right):**

The main content area is titled 'Immobilisation'. It features a top navigation bar with the following options: Cervical Collar, Pelvic Splint, Rescue Board, Scoop Stretcher, Vacuum Mattress, Vacuum Splint, Traction Splint, Extrication, and Other. Below this bar, there is a section labeled 'Other Immobilisation' which is currently empty, allowing for free text documentation.



4.8.30 The **Musculoskeletal** screens provide the clinician with the ability to document the management of **Dislocations** and **Fractures** within multiple time fields. This allows the clinician to click on the **New** button to document as many dislocations and/or fractures as they have identified.

The screenshot shows the Ortivus software interface for a 'Test Patient'. The main window is titled 'Musculoskeletal' and features a sidebar with various clinical categories. The 'Musculoskeletal' category is selected, and the 'Dislocation' and 'Fracture' sub-tabs are visible. The 'Dislocation' tab is active, showing a form with fields for 'Location of Dislocation', 'Management', 'Outcome', and 'Comment'. A 'New' button is located in the top right corner of the form area. The sidebar on the left includes sections for 'Priority', 'Incident', 'Primary Survey', 'Vital Signs', 'Status/History', 'Secondary Survey', 'Drug Intervention', 'Treatment', and 'Discharge'. The 'Discharge' section is currently expanded, showing options like 'Wound Care', 'Haemorrhage Control', 'Respiratory', 'Critical Care', 'Thrombolysis', 'Catheterisation', and 'Other Interventions'.





4.8.31 Once the **New** button has been clicked within the **Dislocation** screen, the box as below appears. This enables the clinician to document in free text format, the **Location of Dislocation**, the **Management** of the that dislocation, the **Outcome**, which should include details regarding distal perfusion and distal pulses and any further relevant information, such as complications and exclusions within the **Comment** field.

The screenshot shows the 'ortivus' software interface. At the top, there's a blue header bar with 'Test Patient' and a clock showing '13:09'. Below the header, a sidebar on the left lists various medical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main area is titled 'Musculoskeletal' and contains two tabs: 'Dislocation' (active) and 'Fracture'. A 'New' button is visible in the top right corner of the main area. A modal form titled 'Dislocation' is open in the center, containing the following fields: 'Location of Dislocation', 'Management', 'Outcome', 'Comment', and 'Time' (pre-filled with '19/12/2014 13:09'). The form has 'OK' and 'Cancel' buttons at the bottom.



4.8.32 Once the **New** button has been clicked within the **Fracture** screen, the box as below appears. This enables the clinician to document in free text format, the **Location of Fracture**, the **Management** of the that fracture, the **Outcome**, which should include details regarding distal perfusion and distal pulses and any further relevant information, such as complications and exclusions within the **Comment** field.

The screenshot shows the 'Fracture' form in the 'ortivus' system. The form is titled 'Fracture' and contains the following fields:

- Location of Fracture
- Management
- Outcome
- Comment
- Time (pre-filled with 19/12/2014 13:10)

The form is displayed over a background showing the 'Musculoskeletal' section of the patient record. The background includes a list of categories on the left (Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, Discharge) and a list of sub-categories on the right (Cardiac, Advanced Airway, Immobilisation, Musculoskeletal, Burn Intervention, Wound Care, Haemorrhage Control, Respiratory, Critical Care, Thrombolysis, Catheterisation, Other Interventions). The 'Musculoskeletal' sub-category is selected, and the 'Fracture' button is highlighted. The 'New' button is also visible in the top right corner of the form.



4.8.33 The **Burn Intervention** screen enables the clinician to document the application of cooling for any burn, whether this has been removed, potentially to reduce complications of hypothermia and within the **Cooling Applied Free Text** any relevant information, such as the rationale for removing the cooling.

4.8.34 The screen also captures data regarding **Water Gel** and **Cling Film** application along with a final free text field for any **Other Intervention** not captured elsewhere.

The screenshot shows the 'Burn Intervention' screen in the 'ortivus' system. The top bar includes the 'ortivus' logo, a 'Test Patient' tab, and a clock showing '13:11'. A 'Guide' button is in the top right. The sidebar on the left lists clinical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main area is divided into sections for recording data:

- Cooling Applied:** Two buttons labeled 'Yes' and 'No'.
- Cling Film Applied:** Two buttons labeled 'Yes' and 'No'.
- Cooling Applied Time:** A text input field with a clock icon.
- Cling Film Time:** A text input field with a clock icon.
- Cooling Removed Time:** A text input field with a clock icon.
- Other Intervention:** A text input field.
- Cooling Applied Free Text:** A large text area for free text.
- Water Gel Dressing Applied:** Two buttons labeled 'Yes' and 'No'.
- Dressing Applied Time:** A text input field with a clock icon.



4.8.35 The **Wound Care** screen will predominantly be used by ECPs (Emergency Care Practitioners) and those deemed to be competent in the management of minor injuries. This screen allows for the capture of data for multiple injuries by clicking the **New** button for each wound managed.

The screenshot shows the 'Wound Care' screen in the ortivus system. The interface includes a top bar with the 'ortivus' logo, a 'Test Patient' tab, and a clock showing '13:11'. On the left, there is a vertical menu with categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. Each category has a list of sub-items. For example, under 'Primary Survey', there are 'Cardiac', 'Advanced Airway', 'Immobilisation', 'Musculoskeletal', and 'Burn Intervention'. The 'Wound Care' category is currently selected, showing a list of procedures: 'Irrigated', 'Local Anaesthetic Applied', 'Nerve Block', 'Nerve Block Free Text', 'Dressing Applied', 'Dressing Applied Free Text', 'Dressing Applied Time', 'Dressing Applied Location', 'Wound Closure', 'Number Applied', 'Time Applied', 'Suture Size', 'Suture Free Text', 'Thrombolysis', 'Catheterisation', and 'Other Interventions'. On the right side of the screen, there are buttons for 'New', 'Change', '<', '>', '0/0', and 'Delete'. A 'Guide' button is also visible in the top right corner.



4.8.36 Once the **New** button has been clicked the **Wound Care** screen appears as below. The clinician can select whether the wound has been **Irrigated** and cleaned, whether **Local Anaesthetic** has been applied, the use of **Nerve Blocks** for those trained and deemed competent in this skill can also be documented.

4.8.37 The clinician can select any **Dressing Applied** from a drop down list by clicking on the **white finger symbol** or use the **Dressing Applied Free Text** field to capture information related to any dressing used that is not listed.

4.8.38 In order to select the **Wound Closure** method used, the clinician clicks on the drop down menu by clicking the down arrow and then selects the **Number Applied** and the relevant **Time Applied**. This is vital should the appropriate referral for removal or after care be required.

Ortivus Test Patient 13:11

**Wound Care**

Irrigated  
Yes No

Local Anaesthetic Applied  
Yes No

Nerve Block  
Yes No

Nerve Block Free Text

Dressing Applied

Dressing Applied Free Text

Dressing Applied Time

Dressing Applied Location

Wound Closure

Number Applied

Time Applied

Suture Size

Suture Free Text

Time  
19/12/2014 13:11

OK Cancel



4.8.39 Should the clinician be managing any major bleed the **Haemorrhage Control** screen allows the clinician to document **Arterial Tourniquet** use, including **Time Applied** and **Time Removed**. The Tourniquet may be removed after the application of **Pressure Dressings**, should this then manage the Haemorrhage sufficiently.

4.8.40 The use **Pressure Dressings** and **Haemostatic Gauze** is also recorded along with the **Number Applied** and **Time** of application.

Ortivus Test Patient 13:12

**Haemorrhage Control** Guide <<

**Arterial Tourniquet**

Right Arm Left Arm Right Upper Leg  
Left Upper let Right Lower Leg Left Lower Leg

**Haemostatic Gauze** Yes No

**Haemostatic Gauze Number Applied** - +

**Tourniquet Time Applied** [Time Field] [Power Button]

**Tourniquet Time Removed** [Time Field] [Power Button]

**Pressure Dressing** Yes No

**Pressure Dressing Number Applied** - +

**Dressing Time** [Time Field] [Power Button]

**Haemorrhage Control**

Respiratory Critical Care Thrombolysis Catheterisation Other Inter



4.8.42 The **Chest Seal** screen simply allows the clinician to document the number of chest seals applied and the **Time** of application.

The screenshot shows the Ortivus software interface for documenting a chest seal application. The top bar includes the Ortivus logo, a 'Test Patient' tab, and the time '13:12'. A left-hand menu lists various clinical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The 'Respiratory' category is selected, and a sub-menu on the right lists 'Cardiac', 'Advanced Airway', 'Immobilisation', 'Musculoskeletal', 'Burn Intervention', 'Wound Care', 'Haemorrhage Control', 'Respiratory', 'Critical Care', 'Thrombolysis', 'Catheterisation', and 'Other Interventions'. The 'Chest Seal' sub-tab is active, showing three tabs: 'Chest Seal' (green), 'Chest Decompression' (pink), and 'Finger Thoracostomy' (orange). Below these, there are two input fields: 'Chest Seal Number Applied' with a minus sign on the left and a plus sign on the right, and 'Chest Seal Time' with a clock icon on the right. The main content area is a large blue rectangle.





4.8.43 The **Chest Decompression** screen enables the clinician to document the attempts at Chest Decompression. This captures whether this is the primary or secondary attempt, whether the intervention has been **Successful** and the **Location** of the needle chest decompression.

4.8.44 Additional free text format fields are provided to capture the **Indication**, the **Technique/Equipment Used** and any **Complications** experienced. These fields assist in understanding the thought processes and decision making processes and are therefore very useful in any post incident review.

The screenshot displays the Ortivus software interface for a 'Test Patient'. The top bar shows the 'Respiratory' category selected. The main form area is divided into several sections for recording clinical data:

- Cardiac:** Includes tabs for 'Chest Seal', 'Chest Decompression' (selected), and 'Finger Thoracostomy'.
- Incident:** Contains fields for '1st Intervention Attempted' (Yes/No), '1st Intervention Successful' (Yes/No), 'Name of Clinician', 'Time of Intervention', and '1st Location'.
- Primary Survey:** Includes fields for '2nd Intervention Attempted' (Yes/No), '2nd Intervention Successful' (Yes/No), 'Technique/Equipment Used', and 'Complications'.
- Vital Signs:** Includes a field for '2nd Location'.
- Status/History:** Includes a field for 'Indication Rationale'.
- Secondary Survey:** Includes a field for 'Indication Rationale'.
- Drug Intervention:** Includes a field for 'Indication Rationale'.
- Treatment:** Includes a field for 'Indication Rationale'.
- Discharge:** Includes a field for 'Indication Rationale'.



4.8.45 Should the clinician have received additional education in the provision of **Finger Thoracostomy** and have been assessed and deemed competent in this skill, the **Finger Thoracostomy** screen enables the clinician to document the use of this procedure.

4.8.46 The **Thoracostomy Free Text** field should be used to document the **Rational, Indications, Technique** used and any **Complications** experienced. This information assist in understanding the thought processes and decision making processes and are therefore very useful in any post incident review.

The screenshot shows the Ortivus software interface for a 'Test Patient'. The main window is titled 'Respiratory' and contains several tabs: 'Chest Seal', 'Chest Decompression', and 'Finger Thoracostomy'. The 'Finger Thoracostomy' tab is selected. Below the tabs, there are two sections: 'Tension Present?' and 'Lung Palpable and Moving'. Each section has 'Yes' and 'No' buttons. Below these, there is a 'Time of Thoracostomy' field with a clock icon. At the bottom, there is a 'Thoracostomy Free Text' field. The left sidebar contains a list of categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The 'Incident' category is selected, and the 'Finger Thoracostomy' screen is displayed.



4.8.47 The **Critical Care** screen has a small number of tertiary tabs, each capturing data in relation to interventions carried out by specialist Critical Care staff. Only those who have received specific training and authority to carry out these skills should require these data fields.

4.8.48 The **Thoracotomy** screen captures this specialist intervention and requires data input mostly in free text format. This enables the identification of all those involved both directly and indirectly in the intervention and details of the procedure itself, including **Rationale**, **Procedure** used, **Outcome** and **Complications**.

Ortivus Test Patient 13:13

**Critical Care** <<

Cardiac Thoracotomy RSI Other Critical

Incident Advanced Airway Clinician Name undertaking procedure Last Signs of Life Time

Primary Survey Immobilisation Clinician Name supported procedure Rationale Free Text

Vital Signs Musculoskeletal Consultant Name procedure discussed with Procedure Free Text

Status/History Wound Care Time Decision to Proceed Outcome Free Text

Secondary Survey Haemorrhage Control Time Pericardium Opened Complications Free Text

Drug Intervention Respiratory Indication

Critical Care Was tamponade present? Yes No

Was cardiac injury identified? Yes No

Was cardiac injury closed? Yes No

Treatment Thrombolysis

Discharge Catheterisation

Other Intervention



4.8.49 The **RSI** (Rapid Sequence Induction) screen as shown below captures this specialist intervention and requires data input both as binary **Yes**, **No** and free text format. This enables the identification of all those involved both directly and indirectly in the intervention and details of the procedure itself, including **Rationale**, **Procedure** used, **Outcome** and **Complications**.

ortivus Test Patient 13:14

Priority Critical Care

Cardiac Thoracotomy RSI Other Critical

Incident Advanced Airway Clinician Name undertaking procedure

Primary Survey Immobilisation Clinician Name supported procedure

Vital Signs Musculo-skeletal Consultant Name procedure discussed with

Status/History Wound Care Time of Decision to RSI

Secondary Survey Haemorrhage Control Time of RSI

Drug Intervention Respiratory Indication RSI Free Text

Treatment Critical Care RSI Free Text

Discharge Thrombolysis Number of Intubation Attempts

Catheterisation Grade of View

Other Interventions

Complications

Oesophageal Intubation? Yes No

Endo-bronchial Intubation? Yes No

Vomiting/Regurgitation? Yes No

Aspiration During Procedure? Yes No

SpO2 Under 92% at any one time? Yes No

Dental Trauma? Yes No

Systolic BP Below 90 at any time? Yes No

Cardiac Arrest? Yes No

Was Plural Drainage Required? Left? Right?

ortivus Test Patient 13:14

Priority Critical Care

Cardiac Thoracotomy RSI Other Critical

Incident Advanced Airway Indication RSI Free Text

Primary Survey Immobilisation RSI Free Text

Vital Signs Musculo-skeletal Number of Intubation Attempts

Status/History Wound Care Grade of View

Secondary Survey Haemorrhage Control Size Tracheal Tube

Drug Intervention Respiratory Tube Length at Lips (cm)

Treatment Critical Care Was an Introducer used?

Discharge Thrombolysis Was a Bougie used?

Catheterisation Was a Supra-Glottic Airway used?

Other Interventions

Complications

Dental Trauma? Yes No

Systolic BP Below 90 at any time? Yes No

Cardiac Arrest? Yes No

Was Plural Drainage Required? Left? Right?

If Yes, was it before or after RSI? Left Before After

If Yes, was it before or after RSI? Right Before After



4.8.50 Given the nature of **Critical Care** and the need to provide specialist interventions outside the acute setting, the **Other Critical** screen enables the clinician to capture any other intervention that has been attempted or provided in free text format. This data field will expand as required to ensure all interventions, rational, procedures, complications and exclusions can be captured.

The screenshot displays the Ortivus software interface for a 'Test Patient'. The main window is titled 'Critical Care' and features a sidebar with various clinical categories. The 'Other Critical' tab is selected, revealing a large text area for 'Other Critical Intervention Free Text'. The sidebar categories include Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge, each with sub-options like Cardiac, Advanced Airway, Immobilisation, Musculoskeletal, Burn Intervention, Wound Care, Haemorrhage Control, Respiratory, Critical Care, Thrombolysis, Catheterisation, and Other Interventions.

Category	Sub-category
Priority	Cardiac
Incident	Advanced Airway
Primary Survey	Immobilisation
Vital Signs	Musculoskeletal
Status/History	Burn Intervention
Secondary Survey	Wound Care
Drug Intervention	Haemorrhage Control
Treatment	Respiratory
Discharge	Critical Care





4.8.51 Whilst not an intervention used frequently since the use of direct to catheter laboratory pathways have been introduced, the **Thrombolysis** screen captures any use of Thrombolysis in the pre-hospital field.

4.8.52 The clinician can select the Indication for **Thrombolysis** using the **down arrow** and then click on **New** to access the Thrombolysis checklist.

Ortivus Test Patient 13:15

Thrombolysis

Thrombolysis Indication

Pathway type

Comment

Pathway status

Thrombolysis Free Text

New

Change

< >

0/0

Delete

4.8.53 The clinician can select the Indication for **Thrombolysis** using the **down arrow** and then click on **New** to access the Thrombolysis checklist. Once complete the checklist will indicate, as below, whether the patient is suitable for Thrombolysis.

Ortivus test test (123 456 7890) 16:19

Thrombolysis

Thrombolysis Indication

Pathway type

Comment

Pathway status

Thrombolysis Free Text

Clinical pathways

Thrombolysis Checklist

within the last six months? Yes No

That the Patient has not had a Stroke of any sort within the last twelve months and no permanent disability from a previous stroke? Yes No

That the Patient has no diagnosed bleeding tendency, has had no recent blood loss (except for normal menstruation) and is not taking Warfarin, Phenindione, Nicoumanone Therapy? Yes No

That the Patient has not had any surgical operation, significant trauma, or head injury within the last four weeks or CPR greater than five minutes? Yes No

That the Patient has not been treated recently for any other serious head/brain condition or cerebral tumours? Yes No

The Patient is not being treated for liver or renal failure, or any other severe systemic illness? Yes No

Thrombolysis can now be administered

Comment

Time 05/01/2015 16:19

OK Cancel



4.8.54 The **Catheterisation** screen enables those clinicians trained and deemed competent in urinary catheterisation to document the use of this intervention. The clinician can identify if this is a **Primary** intervention possibly to relieve acute retention, **Re-catheterisation** to remove and replace a blocked catheter or the removal and replacement of a **Supra-pubic** catheter.

4.8.55 It is important that the clinician documents the Post Insertion Urine Output and additionally should ensure any complications and the details of appropriate follow up and referral are captured within the **Catheterisation Free Text** field.

The screenshot shows the 'Catheterisation' screen in the 'ortivus' system. The top bar indicates 'Test Patient' and the time '13:16'. The left sidebar lists various clinical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The main area contains the following fields:

- Indication:** Primary, Re-catheterisation, Supra-pubic
- Type:** (Empty text field)
- Catheter Used:** Patient's Own, Trust's
- Size:** (Empty text field)
- Time:** (Empty text field)
- Post Insertion Urine Output (mls):** (Empty text field)
- Catheterisation Free Text:** (Empty text field)





4.8.56 The **Other Intervention** field allows the clinician to document any other intervention, not recorded elsewhere, that has been applied in free text format.

The screenshot displays the 'ortivus' software interface for a 'Test Patient'. The interface is divided into a left-hand navigation menu and a main content area. The navigation menu includes categories such as Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. Each category has a list of sub-items. The 'Other Intervention' field is currently selected, and the main content area shows a large yellow text box labeled 'Other Intervention Free Text' for documentation. The top right corner of the interface shows the time '13:16'.

Category	Sub-item
Priority	Immobili- sation
Incident	Muscu- loskeletal
Primary Survey	Burn Inter- vention
Vital Signs	Wound Care
Status/ History	Hae- morrhage Control
Secondary Survey	Respiratory
Drug Inter- vention	Critical Care
Treatment	Throm- bolysis
Discharge	Cathete- risation
	Other Inter- vention
	Exclusion/ Contrain- dication



4.8.57 The **Exclusion/Contra-indication** field allows the clinician to document any other deviation from clinical guidelines and or any contraindication to treatment, not recorded elsewhere, that has been provided in free text format.

The screenshot displays the Ortivus software interface for a 'Test Patient'. The top bar shows the 'Ortivus' logo, 'Test Patient', and the time '13:17'. The main interface is divided into a left sidebar and a central content area. The sidebar contains a list of clinical categories: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. Each category has a corresponding sub-menu. The 'Exclusion/Contraindication' field is currently selected, and its content area is a large, empty text box. The text 'Exclusion/Contraindication Clinical Intervention' is visible in the top right corner of the text box. The bottom right corner of the interface features the 'responsive committed effective' logo.



## 4.9 Primary Tab – Discharge

### 4.9.1 Final Disposition

- 4.9.2 The **Final Disposition** screen has two tertiary tabs to capture details of any patients who are managed without conveyance (**See & Treat**) and any patients who are conveyed (**See & Convey**)
- 4.9.3 Within See & Treat the clinician can document the Reason for Disposition which may be that the crew have been stood down or the patient has been conveyed by another resource. The clinician can also document the **Linked Care Episode Incident Number**, this is for incidents attended earlier as an emergency response, which is being managed as an **Urgent incident**.
- 4.9.4 Details of the **Provisional Diagnosis** can be provided using the drop down arrow as below and also with the **Provisional Diagnosis Free Text** field which will expand as required to capture any information relevant to the Provisional Diagnosis not entered elsewhere within the ePCR.
- 4.9.5 Details of the patients discharge can be entered using the **Yes**, **No** buttons provided or the final **Free Text** field provided.



- 4.9.6 The See & Convey screen enables the clinician to document the patient's condition on hand over to the receiving clinician. This includes status via the large buttons which can be multi selected to include patients for example who have **Spontaneous Respirations**, **Spontaneous Circulation** and are **Alert**.
- 4.9.7 Details of the **Presenting Condition** can be provided using the drop down arrow as below and also with the **Provisional Diagnosis Free Text** field which will expand as required to capture any information relevant to the Provisional Diagnosis not entered elsewhere within the ePCR.
- 4.9.8 The details of the clinician who is accepting the **Clinical Handover** can then be entered along with a signature if required. The signature field can be accessed by clicking on **Change** button and then the clinician uses the stylus provided to sign the appropriate box on the screen.

ortivus Test Patient 13:18

Final Disposition

Referrals: See & Treat See & Convey

Refusal: Confirmation of Destination - Division

Safety Netting: Spontaneous respirations Spontaneous circulation Alert Responds to voice

Right Care: Responds to pain Unresponsive CPR in progress Deceased

Air Ambulance: Confirm Presenting Condition

Log: Provisional Diagnosis Free Text

Attachments: Clinical Handover; Accepting Clinician Name

Clinical Handover; Accepting Clinician Role

Accepting Clinician Signature



- 4.9.9 Should there be a delay between the **Clinical Handover**, the point at which the clinical details are provided to the accepting clinician and the **Physical Handover** or **Patient Handover**, i.e. the point at which the patient is physically transferred from the ambulance crew to the receiving hospital allowing the ambulance clinician to return to operational duties, fields are duplicated for to capture this delay.

ortivus Test Patient 13:18

Final Disposition

Referrals See & Treat See & Convey

Refusal

Safety Netting

Safe-guarding

Right Care

Air Ambulance

Log

Attachments

Treatment

Discharge

**Hospital Clinical Handover Time**  
Clinical Handover is the Time at which the Patient's Clinical presentation, observations and assessments have been passed to accepting Clinician. The Patient may remain physically in the care of the Ambulance crew.

Patient Handover; Accepting Clinician Name

Patient Handover; Accepting Clinician Role

Patient Handover; Accepting Clinician Signature

Sign

**Hospital Patient Handover Time**  
Physical Handover is the Time at which the Patient has been physically passed to accepting Clinician.

Has the physical handover been delayed following initial Clinical Handover?

Yes No



4.9.10 The **Referrals** screen enables the clinician to utilise pre-populated referral forms for onward management of the patient. A series of options are provided once the **large white down arrow** is clicked. In the example below the **Main Record** has been selected. This record will then pre-populate with information entered into the ePCR. The output Record/Referral will only collect data from the ePCR for data fields where data has been entered, so any referral form is reliant on the clinician's completion of the ePCR. For example if the **Falls** section within **Secondary Survey** has not been completed, the **Falls Referral** if selected would be missing a large proportion of its data and not be fit for purpose. **The main record can also be used by the clinician to review all data entered thus far so as to ensure that the patients assessment and management is appropriately documented prior to closing and signing the record.**

4.9.11 Once the record is finalised and ready for appropriate referral, the clinician can select **Send Report** to access a closed list of appropriate email addresses.

The screenshot displays the Ortivus software interface for the 'Referrals' section. The top navigation bar includes 'Priority', 'Final Disposition', and 'Referrals'. The 'Referrals' section is active, showing a 'Referrals' tab and an 'Acute Care Referral Form' tab. A 'Send report' button and a 'Main Record' dropdown menu are visible. The main content area displays the 'Main Record' form, which includes a header with the South Western Ambulance Service logo and NHS Foundation Trust branding. The form is divided into sections: 'Details' (Vehicle Call Sign: DavePTestCWS), 'Patient' (Patient Forename: Test, Patient Surname: Patient), and a search bar at the bottom. The left sidebar contains various navigation options: Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The top right corner shows the time as 13:19.



4.9.12 Once Send has been selected the appropriate email address can be sourced using the white drop down arrows, as below. This will enable the onward referral of patients to services who have provided a secure NHS email account. Any additional information which is required in order to provide the recipient with guidance as to why the email referral is being sent can be entered into the **message text** box as below.

The screenshot shows the Ortivus Referrals interface. A 'Send mail' dialog box is open, allowing the user to send an email referral. The dialog box contains the following fields:

- Destination:** A dropdown menu with 'East' selected.
- County:** A dropdown menu with 'Somerset' selected.
- Location:** A dropdown menu with 'Musgrove Park TIA Clinic' selected.
- E-mail receiver:** A text field containing 'tst.tiareferrals@nhs.net'.
- Subject:** A text field containing 'TIA referral'.
- Message text:** A text area containing the message: 'Please find attached TIA referral for patient attended by ambulance today, all details have been provided within the on appropriate referral.'

At the bottom of the dialog box are 'OK' and 'Cancel' buttons. The background shows the Ortivus Referrals interface with a sidebar menu on the left and a main content area on the right. The sidebar menu includes options like 'Priority', 'Incident', 'Primary Survey', 'Vital Signs', 'Status/History', 'Secondary Survey', 'Drug Intervention', 'Treatment', and 'Discharge'. The main content area shows a 'Referrals' tab and a 'Main Record' dropdown menu.





4.9.13 The **Refusal** screen enables the clinician to capture details of any patient who declines treatment and or transfer against the clinicians advice. The **Patients Signature** along with **Attendant Signature** and any appropriate **Witness Signature** can all be captured by clicking **Sign** and then by using the stylus to sign directly onto the screen. It is important that the patient is given the opportunity to read the **Patient Declaration**, or that this is communicated to them by other means as necessary.

Ortivus Test Patient 13:19

**Refusal**

**Patient Declaration**  
Despite advice given I have declined assessment/treatment/transport. The associated risks have been explained to me should my symptoms remain or deteriorate.

**Patient Signature**

Sign

**Attendant signature**

Sign

**Witness Signature**

Sign

**Witness Name**

**Witness Relationship to Incident**



4.9.14 The increasing management of patients outside the Emergency Department requires the clinician to appropriately manage any deterioration and to provide appropriate **Safety Netting**. This screen captures **full** details of the **Advice Provided** along with details of any onward referral.

4.9.15 Should the patient have accessed 999 via a **Care Line** service, it is important that they are notified of the outcome so that they can ensure that the service they provide is continued or temporarily halted as required.

4.9.16 No copy of the ePCR should be routinely provided, however the clinician should ensure that the appropriate **Health Care Advice Leaflet** is provided.

Ortibus Test Patient 13:20

Priority	Final Disposition	<b>Safety Netting</b>	<<
	Referrals	<b>Advice Provided</b>	
Incident	Refusal	Has Patient been referred to alternative services?	
		Yes	No
Primary Survey	Safety Netting	Have Family/Careers been advised of Ambulance attendance?	
		Yes	No
Vital Signs	Safe-guarding	Have Care Line been informed of outcome (Where appropriate)?	
		Yes	No
Status/History	Right Care	Health Care Advice Leaflet Provided	
	Air Ambulance		
Secondary Survey	Log		
Drug Intervention	Attachments		
Treatment			
Discharge			



4.9.17 The ePCR greatly enhances the ability of the clinician to undertake **Safeguarding** referrals at the patients address. As with other screens a large number of data fields have been provided in order to try and capture as much information as possible about the circumstances of the referral and importantly about the **soft intelligence** that cannot be sourced at a later date. This includes the atmosphere at the time of the incident, the nature of the environment and any interaction with the Police.

ortivus Test Patient 13:20

Final Disposition: Safeguarding

Referrals: Adult/Child Referral Child Death DASH

Incident: Refusal

Primary Survey: Safety Netting

Vital Signs: Safeguarding

Status/History: Right Care

Secondary Survey: Log

Drug Intervention: Attachments

Treatment

Discharge

**Adult/Child Referral**  
Is Patient in need of Community Care Services by reason of mental or other disability, age or illness and maybe unable to take care of themselves or protect themselves against significant harm or exploitation?  
Yes No

Is Patient currently residing in care facility?  
Yes No

Does Patient's family provide care at home?  
Yes No

Does Patient's care package require review?  
Yes No

Free Text

Consent to Share Personal Information  
This referral has been discussed with the Patient and/or their Guardian/NOK  
Yes No

Doctor or Urgent Care Service has been informed of Safeguarding Concern  
Yes No

Police on scene aware of incident  
Yes No N/A

Police Incident Number

Patient known as frequent caller  
Yes No

Patient known as frequent faller  
Yes No

Date of Incident

Free Text

Time

Incident Location Free Text



4.9.18 It is important that the clinician review all data fields and provides as much information as possible, either using drop downs, **Yes**, **No** or the **Free Text** fields, which will expand to allow for maximum data capture. It is important that the referring clinician provide their contact details so that further information or clarification can be sourced as soon as possible.

4.9.19 Once completed the **Vulnerable Adult** and **Vulnerable Child** referrals can be accessed and emailed directly to the Trust Safeguarding Team as previously described in the **Referrals** screen

The screenshot shows the 'ortivus' software interface for a 'Test Patient'. The main window is titled 'Safeguarding' and features a sidebar with navigation options: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The 'Referrals' section is active, showing 'Adult/Child Referral', 'Child Death', and 'DASH' tabs. The 'Details of Concern' section contains several text input fields: 'Details of Concern', 'Reasons for Concern', 'Risk Factors Involved', 'Safeguards put in place to protect the Patient', 'Known views of Patient/Carer', 'Concerns shared with', 'Referrer name', 'Crew Pin number', and 'Contact number'. A 'Guide' button is visible in the top right corner. The time '13:20' is displayed in the top right corner.



**ortivus** Test Patient 13:21

Priority	Final Disposition	Safeguarding	Guide <<
	Referrals	Adult/Child Referral Child Death DASH	
Incident	Refusal	Where was the child at the time of the event or condition that lead to death?	
Primary Survey	Safety Netting	Free Text	
Vital Signs	Safe-guarding	Please supply in detail the environment that the child was found	
Status/History	Right Care		
	Air Ambulance	Please describe any difficulties experienced when delivering care to the Patient	
Secondary Survey	Log	Please detail others present in the household	New
Drug Intervention	Attachments	Name	Change
Treatment		Relationship to Child?	< >
		Additional Comments	0/0 Delete
Discharge		Are any of the following events known to have occurred?	



4.9.21 In order to document any and all **Others present in the household** at the time of the ambulance attendance, data fields are provided to capture the name and relationship to the deceased. These fields can be accessed by clicking **New** for each individual present.

4.9.22 Once completed the **Child Death** referrals can be accessed and emailed directly to the Trust Safeguarding Team as previously described in the **Referrals** screen

Ortivus Test Patient 13:21

Priority Final Disposition **Safeguarding** Guide <<

Referrals Adult/Child Referral **Child Death** DASH

Incident Refusal Please supply in detail the environment that the child was found

Primary Survey Safety Netting Please describe any difficulties experienced when delivering care to the Patient

Vital Signs Safe-guarding Please detail others present in the household

Status/History Right Care - New Change

Secondary Survey Air Ambulance Name Relationship to Child? < > 0/0 Delete

Drug Intervention Log Additional Comments

Treatment Attach-ments

Discharge

Are any of the following events known to have occurred?

Describe the ethnicity of the child and family/carers and any racial, cultural, linguistic and religious identity issues or needs

Child Death Free Text





4.9.22 **DASH** (Domestic Abuse, Stalking and Honour Based Violence), supports the clinician in capturing information relating to any domestic abuse or situation arising from stalking or honour based violence. The tool is designed to assist the clinician in capturing information, **BUT**, it should not be read out verbatim but be used as a guide to communication and to assist the clinician in appreciating the information that would be useful.

ortivus Test Patient 13:22

Final Disposition: Safeguarding

Referrals: Adult/Child Referral Child Death DASH

Incident: Refusal

Primary Survey: Safety Netting

Vital Signs: Safe-guarding

Status/History: Right Care

Secondary Survey: Air Ambulance

Drug Intervention: Log

Treatment: Attachments

Discharge

**DASH Assessment**

Has the current incident resulted in injury?	Yes	No	Don't Know
Is the Patient very frightened?	Yes	No	Don't Know
Is the Patient frightened of further injury or violence?	Yes	No	Don't Know
Does the Patient feel isolated from family/friends?	Yes	No	Don't Know
Is the Patient feeling depressed or having suicidal thoughts?	Yes	No	Don't Know
Has the Patient separated or tried to separate from the abuser within the past year?	Yes	No	Don't Know
Is there conflict over child contact?	Yes	No	Don't Know
Is the Patient being constantly called, texted, contacted, followed, stalked or harrassed?	Yes	No	Don't Know
Is the Patient pregnant or had a child within the last eighteen months?	Yes	No	Don't Know
Is the abuse happening more often?	Yes	No	Don't Know
Is the abuse getting worse?	Yes	No	Don't Know
Is the Patient excessively controlled or subject to excessive jealousy?	Yes	No	Don't Know





4.9.23 Following the **Yes, No, Don't Know** questions, additional free test format fields are provided to capture any information relevant to the associated **Risk Level** and the **Victims Priorities**.

4.9.24 Should the victim be an adult, it is also vital that the welfare of any children in the family unit be considered. A **Free Text** field is provided for this purpose, but an additional **Child Referral** may be required.

ortivus Test Patient 13:22

**Safeguarding** Guide <<

Referrals: Adult/Child Referral Child Death DASH

Incident	Refusal	Has the abuser ever mistreated an animal or family pet?	Yes	No	Don't Know
Primary Survey	Safety Netting	Are there any financial issues relating to the abuse?	Yes	No	Don't Know
Vital Signs	Safeguarding	Has the abuser had issues within the past year with drugs, alcohol or mental health?	Yes	No	Don't Know
Status/History	Right Care	Has the abuser ever attempted suicide?	Yes	No	Don't Know
Secondary Survey	Air Ambulance	Has the abuser ever broken bail/injunction/formal agreement?	Yes	No	Don't Know
Drug Intervention	Log	Has the abuser ever been in trouble with the Police or has a criminal history?	Yes	No	Don't Know
Treatment	Attachments	Is there any other relevant information which may increase risk levels?			
Discharge		What are the victims priorities to address their safety?			
		Do you believe there are risks to children in the family?	Yes	No	
		If yes, ensure you complete Safeguarding referral for children			
		Free Text			



4.9.25 As the Trust concentrates on providing the **Right Care**, in the **Right Place** and at the **Right Time**, is important that we capture details of any incident where we have been prevented from delivering that care. This may be because the appropriate alternative service does not exist or will not take direct referrals from the ambulance service. This information is collated on a monthly basis and fed back to Clinical Commissioning Groups, so it is vital that this screen is completed every time the **Right Care** is not delivered

4.9.26 As part of the financial commitment provided by central government to the delivery of the ePCR, the Trust is committed to deliver a wider benefit to the NHS. The question **Did the ePCR assist you in providing the patient with the Right Care** has therefore been included as a **mandatory question** within the ePCR configuration. This will assist in evidencing the benefit and providing assurance against the financial outlay.

ortivus Test Patient 13:22

Priority	Final Disposition	Right Care	<<
	Referrals	What has stopped you providing the right care to your Patient today?	
Incident	Refusal	Would your Patient have benefited from better access from any of the following?	
Primary Survey	Safety Netting	Free Text	
Vital Signs	Safe-guarding	Does this alternative service exist locally?	
	Right Care	Yes	No
Status/History	Air Ambulance	Did this alternative service decline to assist?	
		Yes	No
Secondary Survey	Log	Would the Patient have received more appropriate care at a different time of day?	
		Yes	No
Drug Intervention	Attachments	Did you attempt to contact an ECP for further advice?	
		Yes	No
Treatment		Did the ePCR assist you in providing the Patient with the Right Care?	
		Yes	No
Discharge		Was the Directory of Services useful to you in providing the Right Care?	



4.9.27 The **Air Ambulance** screen enables the Air Ambulance to capture data relevant to any mission, this includes details to evidence any clear on scene. A drop down list including Weather, Patient Refusal to fly etc can be accessed by the black drop down arrow.

The screenshot shows the 'ortivus' software interface. At the top, there's a header bar with 'Test Patient' and a clock showing '13:23'. The main interface is divided into a sidebar on the left and a main content area. The sidebar contains several tabs: Priority, Incident, Primary Survey, Vital Signs, Status/History, Secondary Survey, Drug Intervention, Treatment, and Discharge. The 'Air Ambulance' tab is selected. The main content area has a title bar 'Air Ambulance' with a '<<' button. Below the title bar, there's a dropdown menu labeled 'Air Ambulance Clear On Scene Reason'. The dropdown menu is open, showing a list of options: 'Weather', 'Patient Refusal to fly', 'Other', and 'Clear on scene'. The 'Clear on scene' option is currently selected. The rest of the main content area is a large, empty light blue space.